

The Program Development Puzzle

How to Make the Pieces Fit

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A MANUAL FOR CREATIVE ASSESSMENT, DESIGN & GRANTWRITING

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How to Make the Pieces Fit

by

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i. Introduction

The planning and development of this manual was a team effort which brought together diverse perspectives and experiences. As the creative program planner on the team, Cianna took the lead in the **Program** section. As our money person, Liz played the role of the **Finance** wiz.

The most seasoned grantwriter among us, Craig integrated the program, finance, and **Development** perspectives into the **Grantwriting** section. Consistent with the model we present, we have learned how to both collaborate and stand our ground.

We would like to thank our visionary partners at NMAC, Virginia Bourassa, Jacqueline Coleman, and Harold Phillips, who made this manual possible. We would also like to acknowledge our colleagues at the Support Center, Mike Allison, Jude Kaye, and Jan Masaoka, who challenged us with **both** critical **and** supportive feedback.

Many AIDS service providers agreed to share their triumphs and challenges. Without their involvement, these materials would be much less interesting and applicable. Thank you: Thomas Clarke, Rebecca Denison, Dean Goishi, Gabrielle Kersaint, Patrick Maness, Kim Nichols, Ron Simmons, Luule Vess, and April Weiss. Your work is an inspiration to us all.

Program planners also gave us their time and insight throughout the initial drafts, helping us refine our tools and presentation. Thank you to Hoa Su, Mara Torres and Rob Yaeger. Thanks also to John Strand at the Academy for Educational Development, for ongoing assistance and training on Prevention Marketing.

Finally, we would like to thank you, our readers and colleagues — the staff and volunteer program planners, finance wizards, and grantwriters. You are the reason we wrote this manual. We hope that these materials give you the tools and techniques that you need to create successful programs and serve your clients well.

Thank you all for continuing to strive forward,

Liz, Cianna, and Craig
San Francisco, 1997

ii. About the Authors

Elizabeth N. Schaffer is a Staff Consultant of the Support Center for Nonprofit Management. Before joining the Support Center, Liz was the Deputy Director of a medium-sized AIDS organization. In that capacity, she was responsible for foundation and corporate fundraising, fiscal and government contract monitoring, and human resources management. Liz also spent seven years at Citibank as a branch manager and personal banker. Liz has a degree from The Wharton School. In her consulting work at the Support Center, Liz specializes in financial management, human resources management, and mergers/consolidation.

Cianna Pamintuan Stewart is a decided grafter and hyperactivist. Cianna has been working in HIV prevention since 1992, when she directed “About Face” for Love Like This Theatre and began creating stage shows for the Safer Sex Slut Team. In 1994, Cianna became the manager of the Asian & Pacific Islander Wellness Center’s Visibility Campaign. There she specialized in working with the media and the web; conducting homophobia, gender diversity, HIV, and cultural competency workshops; and creating and refining prevention programs. Most recently, Cianna and Ming Ma co-directed and produced “There Is No Name For This,” a video examination of cross-cultural coming-out issues in Chinese and Chinese-American communities. Cianna’s program planning experience has focused on targeting women, bisexuals, youth, transgendered men, and A&PIs, using theatre and media in HIV education, and on developing alternatives to verbal-based strategies for persuasion around safer sex.

Craig L. Yee is the son of Chinese immigrants from the Toishan district in Guangdong province, China. Rhoda, his mother, is the noted author of numerous books on Chinese cooking and head of the Pacific Rim cooking program at the California Culinary Academy. Paul, his father, is full time activist for Parents and Friends of

Lesbians and Gays and hopes someday to write an autobiography. Craig was raised and educated in the San Francisco Bay Area and studied economics and policy analysis at Stanford University. For the past seven years, he has been working with the Asian AIDS Project and Living Well Project in San Francisco and is currently the fiscal and administrative director of the Asian & Pacific Islander Wellness Center — the organization created by the merger of these two agencies. Aside from his work as a community organizer, program developer and evaluator, Mr. Yee is also a highly rated proposal writer. Most recently, Mr. Yee and Ms. Stewart collaboratively wrote one of the highest rated proposals in response to CDC announcement 704.

iii. About NMAC

The National Minority AIDS Council (NMAC) was formed in 1987 to develop leadership within communities of color to address issues of HIV infection. Our members are community-based organizations that deal with AIDS on the front lines — in hospitals and clinics, shelters and schools, storefronts and streets. Thousands of men and women of color rely on such organizations for outreach, care, education, housing and support services. NMAC’s goals are to lend visibility, leadership, comprehensive technical assistance and a powerful national voice to these front line AIDS workers. Funding for this program is made possible by the Centers for Disease Control and Prevention. ✓

iv. About the Support Center for Nonprofit Management

Based in San Francisco, the Support Center for Nonprofit Management is a consulting and training organization with a regional focus and a national reach. Through consulting, workshops, publications, and special management programs, we seek to help nonprofits utilize the best management tools and concepts to help them best serve their communities.



CHAPTER I: READ ME

PROBLEM SOLVING: You can read this manual any way you want.

If you want to read from beginning to end, you will first find a list of roles, definitions and models, which will then be used in the rest of the manual as we explore the development of a program from identifying a problem through writing a proposal.

If you prefer to jump from one section to the next, you will find guides in the form of sidebars and embedded examples throughout this manual. By following these, you should gain a complete picture of what you will need to successfully create, implement and evaluate a program.

If you want to read an example of program planning before you read the theories, you will find a case study in Chapter 3 which demonstrates how the tools in this manual can be used.

“Why would I use this manual?” and “How does it work?”

You’ve been planning programs for a while now, or maybe you’ve just started. Your current program is running well, but you are always open to improvement. You may already know that something is not working, but you can’t seem to identify it. You’re ready to seek out additional funding. You’re trying to reach a new community. You’re simply trying to serve your community better. You’re trying to decide whether to renew an existing program or start off in a completely new direction.

No matter who you are, if you are in charge of creating and/or running a program, you can benefit from creative program planning. There is a good chance that you already unconsciously use many of the tools contained in this manual. The structure we are going to present has a format and language that program planners can use together. These tools will help you sharpen the entire process from beginning to, well, beginning again. Planning is a cycle in which each successive program builds on a wider base of knowledge.

We recognize that a majority of people working in HIV agencies were hired because they know a community really well, but they (you) may not

have had a chance to learn about doing scientific research, formal community organizing, financial management, grant proposal writing or evaluations. All these things will (or certainly should) come up during the course of planning a program, but it’s unrealistic to think that one person can know everything there is to know about all of them. We are going to give you a guide to these fields, and help you find the people who can assist you in every stage of creating and maintaining a successful program.

Why is program planning important?

Many programs are created intuitively by people who know and can respond to the needs of a certain community. Certainly, at the beginning of the HIV epidemic nobody fully knew what would and would not work. They simply responded to what they saw around them with whatever tools were available. Now, however, much research has been done. There are many theories about how to respond to the needs of a community, and years of experience have been logged by programmers around the world. The problem is that the epidemic changes almost daily. As time goes on, most of the public has some knowledge of HIV (accurate or not) but rates of new infection are still on the rise in most communities. Providing services also requires money, but resources are frequently

scarce. Programming is therefore an ongoing task requiring increasing levels of creativity. Choosing a structure for your planning process helps you keep track of the details. There are many components to this process, and without some kind of framework, it's easy for critical pieces to be forgotten or left until the last minute. Why live with that extra, unnecessary, stress?

Why should anyone invest such a large amount of time in program planning?

- To create programs that successfully respond to community needs, by involving many perspectives throughout the process.
- To be able to communicate with community members and funders, exactly what a proposed program is designed to do and how it does this.
- To be able to repeat program success by understanding why it happened.
- To gain support for a program from the many people that will be affected by it.
- To be more prepared for grant applications and for changes in funding cycles.
- To be able to ensure that a program will stay current through careful evaluation and reassessment.
- To serve clients better.

Why use this particular style of program planning?

- It builds on the expertise of a wide range of fields that are components of successful HIV programs.
- These particular tools are geared towards assisting you to comply with many current grant requirements and may help you develop more fundable programs.

- These tools will give everyone involved in your program planning process a common language to use.

Common mistakes and misconceptions

- Program planning is the job of the Program Director.
- Program planning is the job of the Executive Director.
- Proposal writing is program planning.
- Once a program is funded and running, program planning is done.

How does this manual work?

We will present a series of 8 steps which will help you to organize your ideas throughout the program planning process: 1) Identify key players. 2) Identify your target audience and the problem. 3) Assemble a program planning team. 4) Gather background information. 5) Begin creative program design. 6) Finalize your program plan. 7) Create a budget for your program. 8) Raise the funds necessary for your program.

These tools will help ensure that your plan will serve the community you want to reach, and provide research to back your ideas. They will also help you prepare this information for budget and grant applications.

Worksheets and Checklists are included to help you complete each step.

A **Fictional Case Study** is included in the Program Planner, Finance Wiz and Grantwriter sections to illustrate, in more concrete terms, the application of each step, including completed worksheets.

Idea and Problem Solving Sidebars are located at key points in the process, which frequently stymie both experienced and novice program and agency staff.

PROBLEM SOLVING: Planning while a program is running

If you are already running a program, the tools in this manual can help you evaluate your program's progress. They can also help define the direction of changes you might need to make to respond to the ever-changing epidemic and your political, medical, and economic environments.

TERMS: "Theory"

Right from the beginning, you should know that "Theory" is just an explanation of the way people think about what they are doing. Theories are made by people like you, people who are doing the work, and who have to explain why they are doing it one way and not another. There are many theories about ways to approach a community, and how to get them to change. Some are referred to frequently because they have proven so useful at overcoming problems and because they have so many successes associated with using them. "Models" are the structures that are used to set up programs. Sometimes these words are used interchangeably.

IDEA: Apply these tools to a variety of programs

We chose to focus on designing HIV prevention programs, but the tools in this manual are useful for designing programs in every part of a social service agency, in community groups, and on a variety of other issues. By using these tools, you will be able to cater your work to the specific needs of your community, react better to client needs, and incorporate the constantly changing political and financial situations around you.

Program Development: The Eight Step Model

Step	Step 1 Identify Key Players	Step 2 Identify Target Audience and the Problem	Step 3 Create a Program Planning Team	Step 4 Gather Background Information	Step 5 Begin Creative Program Design	Step 6 Finalize Your Program Plan	Step 7 Create a Program Budget	Step 8 Write Your Proposal
Tasks	Identify perspectives and people who will lead each step.	Describe your target audience, identified problem, program planning process, and need for your agency to address problem.	Convene a team of people who can provide necessary skills, research, and background information, and who can assist in planning process.	Determine why, where and how the problem is happening, the barriers to access, the needs of your target audience, where to reach them, and your agency's capacity.	Set a goal for the program, sort through the background information, sketch out and pre-test program ideas, and begin looking for potential collaborators.	Establish the details of your final program, secure collaborators, describe your staffing needs, determine how you'll evaluate it, and how much it will cost.	Create a Program Budget including salaries & benefits; shared costs; program costs; indirect costs Also create Contingency Budgets for different scales of the program.	Convene grant-writing team Write proposal based on the program plan and program budget Review proposal based on funder scoring criteria
Key player responsible	Program Planner or Dept. Dir. or Executive Dir.	Program Planner	Program Planner	Program Planner w/ Program Planning Team and Staff	Program Planner w/ Program Planning Team and Staff	Program Planner w/ assistance from Finance Wiz	Finance Wiz w/ info from Program Planner	Grantwriter w/ info from Finance Wiz, Program Planner
Product	Identification of Key Players: Program Planner Finance Wiz Grantwriter	Worksheet: 2: Audience and Problem Identification	Worksheet: 3: Program Planning Team Roster	Worksheets: 4.1: Needs Assmt. 4.2: Environmental Assmt. 4.3: Political Assmt. 4.4: Community Resource Invent. 4.5: Agency Capability Assmt	Worksheets: 5.1: Goal Statement 5.2: Marketing Mix Compass 5.3: Intervention Sketch	Worksheets: 6.1: Intervention, Process Obj., Outcome Obj., Timeline 6.2: Collab. & Coord. 6.3: Eval. Plan 6.4: Staff Plan 6.5: Budget Personnel, Intervention, Program Costs	Shared/ Overhead Cost Analysis, Program Budget, Program Contingency Budget	Proposal Contract & \$

Terms which planners are often assumed to know are explained.

Real World Examples are provided to demonstrate successful program planning.

This manual was designed to be a reference for people who plan and run programs of any size. We hope that you will find it a useful reference throughout your own program planning process.



Step 1. Identify the Key Players:

Program Planner, Finance Wiz & Grantwriter

In the course of program planning, there are many different phases which need a wide range of skills and perspectives. A program should never be the creation of just one person. The program planner, no matter how experienced, needs to bring in people with other areas of expertise. The planner also needs agency-wide perspectives and support for proposed programs. Both finance and fundraising perspectives will be needed at different stages in the process.

Are these always separate people?

Sometimes planners are in situations where they are responsible for doing everything from

planning to fundraising to implementing with a little client advocacy thrown in for good measure. In other organizations, it is very clear which individual is responsible for the different aspects of every program. In either case, you need to be able to identify whom to include in order to get the information and support that you need. The following chart can help you identify where to go for the needed planning perspectives, based on some "typical" patterns for agency growth and staffing in most minority AIDS service organizations.

In certain situations, one person may play all of the roles listed above. In that case, it will be critical to seek feedback from others and ask all of the "tough" questions. You may be surprised at the different assumptions that underlie a person's response based on their background and area of expertise. All these assumptions are valuable and worth bringing to the surface.

IDEA: Use the planning process to prepare for a variety of grant applications.

This manual focuses on preparing organizations to apply for government funding, an area needing much explanation. However, the first section, for program planners, is designed for use for any kind of program. Only the grantwriting section is catered to the specifics of applying for government contract funding. When seeking any type of funding, it is useful to have a fully developed and researched program, which will demonstrate its successes through evaluation.

WORKSHEET 1: At different sized agencies, where do you find the key players?

	VOLUNTEER GROUP: All volunteer, small organization	SMALL ORGANIZATION: 1 to 5 full-time staff; all staff focused on program activities	MID-SIZED ORGANIZATION: 3 to 20 full-time staff; staff roles are more specialized; emphasis on centralization	LARGER ORGANIZATION: 15+ full-time staff; more formal and specialized management structure; emphasis on de-centralization, staff empowerment
Program Planner Steps 2, 3, 4, 5, 6	Ad-hoc Program Committee (all volunteers)	Program Staff	Program Mgr.	Program Dir.
Financial Wizard Step 7	Ad-hoc Finance Committee (all volunteers)	Program Supervisor	Office/Finance Mgr.	Program Dir. w/ support/ tools provided by Finance Dir. <i>OR</i> Finance Dir. w/ support/input from Program Dir.
Grantwriter Step 8	Ad-hoc Fundraising Committee and/or (hired) Grantwriter	Program Supervisor	Program Mgr. and/or (hired) Grantwriter	Program Dir. w/ support provided by Development Dir. <i>OR</i> Development Dir. with support/input from Program Director



CHAPTER II: FOR THE PROGRAM PLANNER

Step 2. Identify the Target Audience and the Problem

When planning anything, from a birthday party to a 3-year HIV program, you need to know who you're planning it for. And before you can decide how to respond to something, you will need to know what the problem is.

Who will your program target? Many organizations focus on a particular group of people or "population." Most programs focus on a kind of person or behavior within that population. Choosing which "sub-population" to target through a program is the task of "Identifying the Target Audience."

If the target is too broad, then anything you do will have less of an impact, simply because it is going to be diffused by the sheer size of your audience. Your task is to support a reduction in HIV transmission by developing a program with a message that will be heard. The smaller your audience, the more specific you can be, and the greater your chance at success. Of course, if your target is too small, then it may be inefficient or too costly to tailor a program to them.

Which issues will be addressed? HIV is only one of the immediate concerns in any person's

life, and the risk of contracting HIV is greatly affected by a large number of factors. However, a program which tries to target too many issues is generally unsuccessful. Difficult as it is, every program planner must choose to prioritize some specific issues and leave others by the wayside. Some things need to be changed in order to lower HIV transmission rates. Other factors, while important, and in need of change, may not actually help to reduce HIV risk.

This process is known as "identifying the problem." Your goal is to get a good picture of what puts members of your target population at risk for HIV. At this point, you are selecting which paths to pursue in the next six steps and setting the stage for the development of your program. You don't have to figure out yet how to repair what you see, just describe the big picture of what is urgent for your community.

By identifying the problem, your program planning ideas will be grounded in the community you wish to affect. You will be able to measure the impact of your work, and you can explain to staff, volunteers, and funders the "why" behind "what" you do. Without it, you risk creating solutions to less critical problems which actually have little impact on actual HIV risk reduction. Identifying the problem can be the most difficult stage, but its importance cannot be overemphasized.



WORKSHEET 2: Problem Definition

In the following space write a quick problem definition. This can be in response to your own observations, client concerns, staff and/or volunteer observations, outside crisis (e.g. political, medical, economic).

What is the overall target audience of your agency?	
What concerns/problems have sparked the need to plan a new program at this time?	
What members of your overall target audience are most affected by these concerns? (will be a sub-population of your overall audience)	
How do you currently provide services to this sub-population? How do they respond?	
Answer either how these concerns/problems: 1) put your target audience at risk for HIV? or 2) prevent your target audience from accessing existing HIV services?	
Why do you think it is important for your organization to address this at this time?	

REAL WORLD EXAMPLE:
Problem Identification

The Step One HIV Prevention Program in Winston-Salem, NC, is part of an out-patient substance abuse treatment center. At first, it seemed obvious; folks who have used and/or abused drugs are at risk for HIV — you know, sharing needles and all that stuff. Would you be surprised to learn that many of Step One’s clients are afraid of the needles used in HIV testing? Did you realize that the risk of having sex under the influence of (non-injection) drugs and alcohol and the accompanying impaired state may be as great as the risk from injection drugs? Well, the folks at Step One don’t assume, they ask. As a result, they have some of the most successful risk reduction programs.

REAL WORLD EXAMPLE:
When there’s only one key player.

It’s great to assemble a team for program planning, but what if you are all three: the curriculum designer, numbers guy, and the grantwriter? At Us Helping Us in Washington DC, Ron Simmons has worn all three hats, at the same time! He says that he learned about grantwriting at an NMAC skills building conference and that the secret to stellar program planning is listening to the clients, revising your programs, and listening to your clients.

PROBLEM SOLVING: Include both “Grafters” and “Farmers”

In addition to the areas of expertise and experience that you’ll be seeking throughout this process, there are two key personalities that you should search for: Grafters and Farmers.

Grafters are people who take in all kinds of information from a variety of sources. They are known for creative solutions to complex problems. Like a grafter of plants, rather than simply using what is currently around them, a grafter of ideas will take a little bit of information from different places and

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string these bits together into a whole new creation. Frequently, grafters are responsible for the creation of new groups and organizations. While valuable in any situation requiring creativity, they often have too many ideas for the resources available, and have to struggle to focus on the tasks at hand. Grafters have a tendency to rapidly review and try out a wide variety of ideas, throwing out any that are not immediately satisfying. They will take risks and turn ideas upside down. Many grafters are also skilled at identifying the mechanisms and the people necessary for implementing new ideas and programs. They are not, however, good at keeping a system running and working correctly after everything is in place. By then, most grafters are off to the next project.

Farmers are people who are methodical and detail oriented. Like a farmer of plants, a farmer of projects is very knowledgeable about systems and is quick to notice changes and problems. The Farmer is known for running programs over the long haul. Since farmers see so many details, they are skilled at making the minor adjustments and improvements necessary for the long-term survival of any organization or program. Communities know that they can turn to reliable farmers to meet their needs and will build lasting relationships with them. Given time and resources, farmers will gradually improve a program to its maximum efficiency and highest standard of service. However, especially in the constantly changing world of HIV, farmers can be caught off guard by rapid shifts in epidemic patterns or by unexpected funding cuts. Farmers are also likely to feel stressed, if too many different demands are placed on them by the community, or if they need to create a whole new program to meet an unexpected crisis.

Both grafter and farmers are essential for creating, maintaining, and progressively improving programs. One without the other risks eventual failure or

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Step 3. Create a Program Planning Team

As someone who is involved in HIV prevention, you already have some knowledge of what problems contribute to the epidemic. You may also be a member of your target population, and this will give you different insights on which critical issues to address. The strongest programs, however, are drawn from a number of perspectives. Each will analyze and understand a different aspect of the target population and what contributes to their behaviors around HIV and what would be an effective and appropriate response. We therefore recommend that you organize a "Program Planning Team" to expand your Problem Definition, backing it up with research and experience. This Team will be responsible for conducting a full Needs Assessment of your target population and assisting throughout the planning process.

Who should be on a "Program Planning Team"? Every perspective is valuable, but too many people can be difficult to focus. Choose your Team carefully. Try to achieve a diversity of voices all working towards the same goal: helping your target population. In an ideal situation, you would be able to include:

Program Planners. Members of your staff and volunteers who help to develop programs are the core of every Program Planning Team. Include people who have used a variety of intervention styles to approach different problems. Additionally, find people who have program planning experience for this target community in other fields, or who have experience planning in this field for other communities.

Members of the Target Population. MANDATORY! One of the most important voices, the people who will be receiving services, must always be included in the development of any program. As an additional caution, do not forget to include HIV positive people in your group. As members

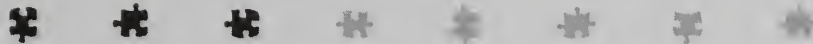
of the target population who have seroconverted, they can give you a completely different perspective on your approaches and priorities—on what works and doesn't work. Also, remember that some of our work includes preventing re-infection, as well as working with people who may be positive but who have not yet been tested.

Researchers. Anyone who has conducted research on members of your population can help you assemble people for interviews and focus groups, particularly when you are working with limited funding. In addition, they can assist in developing evaluation tools and interpreting the information you gather through this process. Valuable research comes not only from people who have worked directly on issues of HIV, but also from psychological, behavioral, and marketing perspectives.

Service Providers. People who do not plan programs but who are responsible for administering services can provide valuable insight on your target population. They will have practical experience to offer on overcoming barriers and solving problems with your community. These can include teachers, ministers, medical professionals, and mental health care workers.

What does the Team do? The Program Planning Team will look at all the details surrounding your target audience and the problem you have defined. They will determine why your target audience either continues to engage in risky behavior or why they don't access services. They will examine the possible ways to address the problem and determine which is most likely to succeed, as well as what is really possible. Key questions to be answered by the Team include:

- 1) Which high-risk segment of the target audience will be specifically targeted and how?
- 2) Changing which behavior of the target audience will directly reduce their risk of HIV transmission?
- 3) What are the key factors affecting the



- behavior we wish to change?
- 4) How will we influence these factors?

What if I can't pull together a whole team?

The main goal is to get a variety of perspectives. We do recommend meeting with groups of people who don't frequently work together or who come from really different backgrounds. This will lead to the most dynamic conversations, potentially some conflicts, and the best possible solutions.

However, you can also simply consult individuals with these different perspectives, meeting

with them individually and assembling their input later. Some people may have information available to you in a written form which they are willing to send to you, even if they don't have the time to sit on a team. Some people may also have more than one perspective. For example, one of your clients may have planned programs before, or an outside program planner may have experience gathering and interpreting research. Primarily, your job as the key program planner, is to get the support you need to assure that you can successfully complete every step in this process.

stagnation, but they often have a difficult time working together. The Grafter's constant shifting of focus and ideas seems unstable or even programmatically dangerous to the Farmer, while the Farmer's methodical commitment to existing patterns frustrates the Grafter. Presented with the same situation, each will have a radically different response, each founded on a very different set of priorities.

Why do you need to think about the Grafter and the Farmer? Because both are essential and dependent upon the other. Each person on your team should try to recognize their grafting and farming qualities. By identifying these qualities as skill bases, each person can also begin to identify when they need assistance. For example, when a Farmer encounters a major obstacle, they should call on a Grafter to strategize an innovative solution. Or when a Grafter recognizes that they are beginning to lose focus on a project which is running successfully, they should call on the skills of a Farmer to ensure that clients are still getting the services they need. On your Program Planning Team, it is especially necessary to maintain a balance between the two personalities. Too many Grafters, and you may get a lot of interesting but undeveloped ideas. Too many Farmers, and you risk only designing programs which are similar to those in the past, with minor improvements, without being able to respond to the completely new and changing face of the epidemic and your community. Together, this powerful combination can devise solutions which are both innovative and practical.

WORKSHEET 3: Program Planning Team Roster

WHO	Tools they will bring to the team	Name	Grafter or Farmer?
1: Program planners	Knowledge of the Target Audience. Experience in community programming. Knowledge of program design in other communities and/or on other relevant issues in target community.		
2: Members of the Target Population	Own perspective. Personal insight into Target Audience. Insight into potential response to programs.		
3: Researchers	Research-backed insight into target audience. Experience developing evaluation tools.		
4: Service providers	Hands-on experience providing other services to target community. Insight into community needs.		
5: Anyone else?			

**REAL WORLD EXAMPLE:
A Grafter at work**

In 1991, it was clear that the epidemic was out of control in Africa, and yet there was no data on African immigrants living in New York (a population which is still, in 1997, often combined

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with African-Americans). So, African Services built their own community profile, anticipated the community needs, and designed a successful education program. They attribute their success to a founder who is an Ethiopian refugee, personally familiar with the immigrant experience, and a “persistent visionary”.

PROBLEM SOLVING:

Use outside facilitation to assist in Team meetings

If you do pull together a complete or partial team, it's important to recognize early on that you'll need some strong facilitation throughout this process. At the very least, you'll want to have someone who can keep track of the Team's goals and keep the conversation moving. There are a number of different models for community organizing and working in groups with diverse backgrounds. Do some investigation and bring in an outside group facilitator or community organizer, if you don't have one at your agency.

REAL WORLD EXAMPLE: An existing advisory board becomes a program planning team

The Asian Pacific AIDS Intervention Team (APAIT) in Los Angeles was lucky; they had a women's advisory committee made up of volunteers, community members, and supporters. The advisory committee took the lead on the formal assessment of the needs of women, and the design of the women's programming. Although the women's needs assessment revealed some themes (shame, isolation), which APAIT recognized from their work with the Asian and Pacific Islander gay/bisexual men's community, they were able to identify other issues, such as a need for supportive social environments, which enabled them to design programs specifically to meet the needs of women living with and at risk for HIV.

Step 4. Gather Background Information

You have already identified a problem faced by your target audience, but simply knowing that someone is dealing with a problem is not enough to create a solution. You need to know what contributes to and reinforces their behavior. After that, you can determine what change is possible.

In this step you will discover the “why” “where” and “how” of the problem faced by your target audience. You will also discover where the gaps are in available services. Lastly, you need make an assessment of your own agency to see what you are ready to take on at this time.

4.1: Conduct a Needs Assessment

You have a target audience in mind for the overall program, but you don't yet have an exact picture of their behaviors and how to reach them. A refined audience definition will give you much information about your target audience so that you can identify not only the people who need the most help, but also those who are most likely to respond to your program.

For example, often all we know about someone is that she is a sexually active heterosexual who does not inject drugs. But do we know exactly what puts her at risk and if she is likely to respond to a particular program? Exactly what does she mean by “sex”? Who does she have sex with? Where? What does she do just before and after? What does she think about the kind of sex she is having? Has she ever done it differently? What does “safer sex” mean to her? Has she ever tried it? What made her try it? The list of detail questions goes on.

Examine who within your overall target audience is most likely to reduce their HIV risk through participating in one of your programs.

People who are already knowledgeable and taking care of themselves do not need to be targeted right now. People who are hostile to the behavior change or to your agency are unlikely to be affected by one of your programs. The subpopulation to find is people who are currently at risk, but who may change their behavior in response to a program that your agency is capable of providing.

Determine which of the behaviors that put your audience at risk are easiest to target through your future programs. Sometimes the highest risk behavior is also the most difficult to change. You may want to choose to target a less entrenched behavior. If you are successful, your audience member is still safer than they were before. They may be ready to try a more radical change later.

The accessibility of your message and/or program is equally determined by language, culture, economic status and educational level. Do not skip these considerations. This is also a concern when conducting your needs assessment interviews. If someone doesn't fully understand your question, you're never going to get an adequate answer.

Who can help provide this information?

One excellent resource can be your Community Planning Group for HIV prevention, or “CPG.” CPGs were set up by the Centers for Disease Control and Prevention (CDC) to identify the unique properties of the epidemic in different communities. The one in your area is likely to have completed some formative research on your target audience, and will include it in their HIV prevention plan. They are also required by the CDC to work with Community-Based Organizations (CBOs). Whether you are planning to apply for federal/state contracts or foundation grants, you will benefit from the CPG's information about your target audience, even if it means identifying gaps in the research.

You can also draw on the expertise and knowl-



edge of the members of your own organization who have experience dealing with this target population. Don't forget to include your volunteers, case managers, and the Program Planning Team (especially the researchers).

Other sources for information include local and state health departments, other community based-organizations, and agencies in other parts of the country which serve target populations similar to yours. See if there are behavioral research scientists at a local college or university who can help you.

There are also a growing number of resources available on the internet. If you don't have a computer or access to the internet yourself, see if you can get online at a local school or library, or if one of your board members or volunteers has access. The resource guide at the back of this manual has some starting points for an online search.

What am I looking for?

Basic target audience information includes scientific information about the progress of the disease in the target community (*epidemiology data*) and population statistics (*demographic data*).

You also must gather information about behaviors which directly put your target audience at risk for contracting HIV (*risk behaviors*). These include unprotected sex and sharing of unclean needles or works during injection drug use or injection hormone use (e.g. by transgendered individuals).

Sometimes an individual's biggest obstacle is that they simply don't have information about how to keep themselves safe. Other issues are

more psychological or emotional. These are frequently harder to identify, but can be just as much an obstacle to overcome when a person is trying to change their risky behaviors. Together, the study of these issues is known as measuring an individual's Knowledge, Attitudes, Beliefs, and Behaviors (*KABB study*).

Other signs have been used to find people who may engage in risky behavior but may not have been getting tested for HIV (*surrogate markers*). This includes information about pregnancy rates (particularly unplanned pregnancy), the presence of other sexually transmitted diseases (STDs), and the presence of the Hepatitis B Virus (HBV). You should also seek out articles on "behavioral science research" about your community. If possible, also gather information about your target population's use of other available counseling/testing/medical resources, and information on drug/alcohol use.

Some issues are associated with placing people in situations which put them at higher risk for contracting HIV, without being an actual route of transmission themselves (*co-factors*). These may be *biological*, such as STDs or an immune compromising disease; *behavioral*, such as multiple partners, non-injection drug use; *psychological*, such as social isolation, peer norms, depression, low self esteem, low mental functioning, history of sexual abuse or of abusive relationships, and sexual addiction; *socioeconomic*, such as poverty and commercial sex work; and *barriers to access*, such as language barriers, discrimination or mistrust. It is important to identify co-factors because they frequently need to be addressed by the individual before she or he is likely to consider HIV a priority.

TERMS: Problem Definition, Needs Assessment, Environmental Assessment, Political Assessment

A quick way to remember the distinctions between these three terms:

Problem Definition describes *what* is happening. **Needs Assessment** describes *why* and *how* a problem is happening. **Environmental Assessment** describes the *world* around your target audience. **Political Assessment** describes the *opinions* around the problem.

PROBLEM SOLVING:

Use the checklist of sources

To help you prepare for each part of Step 4, we've created a checklist of descriptions of the data you'll be looking for. It's at the end of this section.

TERMS: Research

"Research" doesn't only mean studies done by academics and scientists. Some of the best "data" comes from surveys conducted by your staff and volunteers. Research can also include interviews that you conduct with the people who provide services to your target audience (for example: your staff, other AIDS service providers, teachers, doctors, immigration officers, legal counselors, police officers, hair-dressers). Anyone who has regular contact with your target audience can have some insight into what would make your program successful.

IDEA: Use CPG priorities with funders and researchers

One role of the Community HIV Planning Groups is to compare the risk factors of different communities and set "priorities" for HIV research, prevention programming, and funding. This "Priority Setting Information" is often used by funders to help them decide between different proposals (especially for public money). If your community is rated, you can use this to add leverage to your proposals. If

(continued on next page)

your community is not given a priority or you feel that its issues have been misunderstood, you need to work with your CPG, with researchers, and with members of your target population to have the issues re-evaluated.

REAL WORLD EXAMPLE: Using evaluations when outside research doesn't exist

Human Beings Care (HBC) describes themselves as located “on the buckle of the Bible belt” in Jackson, Tennessee. The local Community Planning Group did not want to admit that “there was a problem” until 1997. To overcome these obstacles, HBC worked with employers in places like factories to identify the needs in their area. Now, HBC has thriving education and case management programs, and the organization’s area of service covers an astounding 9,910 square miles. Their secret: conducting their own continuous evaluation and problem (re)definition activities.

TERMS: Primary Research, Secondary Data, Methodologies, Quantitative, Qualitative

Research takes several forms. There is variation in what kind of information is gathered, how it is gathered, and what the end results are. The information you’ll be looking for includes interviews with the subjects themselves (“primary research”) and information gathered about the subjects (“secondary data”). The ways of organizing the study, the techniques used by the researchers, and the theories behind the entire project are all called “methodologies” (basically “what kind of methods were used”). The end results of research can either be measured in numbers or percentages (“quantitative data”) or can be more descriptive findings about someone’s attitudes and beliefs (“qualitative data”). Quantitative findings can be put on charts and graphs and analyzed numerically. Qualitative findings have to be explained in words and are often more diffuse.

WORKSHEET 4.1: Needs Assessment

Have the Program Planning Team summarize their findings below:

4.1a: Demographics

Ethnicity/ies of your target audience	Source of information?
Age range of your target audience	Source?
Gender identity/ies of your target audience	Source?
Sexual orientation(s) of your target audience	Source?
Primary verbal and written language(s) of your target audience	Source?
Literacy level of your target audience (is this different in different languages?)	Source?
How would a member of the target audience describe him/herself?	Source?
With what community/ies does your target audience identify?	Source?
Where does your target audience live? Anything significant about this?	Source?
How many people in your target audience? % of the total population?	Source?
What is the range of income for your target audience?	Source?
What is your target audience's rate of health care coverage?	Source?

4.1b: HIV risk

What specific behaviors put your target audience at risk for HIV?	Source of information?
What percentage of your target audience engages in these behaviors?	Source?
What are the co-factors which increase your target audience's risk for have for HIV?	Source?
What percentage of your target audience has these co-factors?	Source?



4.1c: Surveillance data

How many AIDS cases are in your target audience? Local, state, or national #?	Source of information?
How many AIDS cases in a comparable population?	Source?
Approximately what is the seroprevalence rate of your target audience?	Source?
What are the current epidemiological trends in your target audience?	Source?
What are the trends in comparable populations?	Source?
What are your target audience's surrogate markers for HIV?	Source?
About what percentage of your target audience carries these surrogate markers?	Source?
What is the surrogate marker prevalence in comparable populations?	Source?

4.1d: Behavioral Research

What are barriers and facilitators to behavior change in your target audience?	Source of information?
What is the relationship between co-factors and behavioral risks specific to your target audience?	Source?
What are social and peer norms around HIV in your target audience?	Source?
What interventions are effective at changing behavior in your target audience?	Source?

PROBLEM SOLVING: Don't settle for undetailed answers

Broad outcomes to needs assessments are useful in reports and when presenting to the board, but are not adequate for creative program planning. Continue to probe responses until you have concrete and manageable responses that you can tackle through your programs. You may have to push a little harder or take more time during interviews. This may result in fewer interviews overall, but these few may be more informative than a lot of short, quick, responses.

REAL WORLD EXAMPLE: Creative response to Needs Assessment results

Based on the women's needs assessment which indicated that women feel shame and isolation and wanted a supportive social environment, APAIT offers a Women's Brunch, which provides a safe place for HIV infected and affected women to gather and build support networks.

REAL WORLD EXAMPLE: Identifying sub-populations through a Needs Assessment

When the Life Foundation, Hawaii's largest and oldest AIDS service provider, wanted to determine the prevention needs and barriers for the transgendered (TG) community, they conducted a formal needs assessment. The preliminary results (including community outreach and focus groups) indicated three distinct sub-populations and three levels of need: (1) TG youth in need of direct services, including housing and education, (2) TG adults who are part of a permanent subculture and lack rudimentary psycho/social skills, and (3) TG adults who have attained a satisfactory adjustment in their gender identity. Life Foundation decided to address these co-factors to reduce their clients' overall risk for HIV.

TERMS: Channels

Like a channel of water, program “channels” are simply a path used to get information or materials to a targeted audience.

REAL WORLD EXAMPLE: Choosing the right message and channel

If you ask young Latinas in Chicago, they will tell you that effective HIV prevention messages targeted to them will need to be (1) focused on adolescents, not adults, (2) delivered by indigenous adolescent peer educators, not adults. Fortunately for these young women, Project VIDA heard them loud and clear, and Project VIDA is still listening. Young women are involved in every aspect of program planning and implementation.

4.1e: HIV KABB (Knowledge, Attitudes, Beliefs and Behaviors)

What does your target audience know about HIV transmission?	Source of information?
What does your target audience know about methods for preventing HIV transmission?	Source?
What is your target audience's opinion of those methods?	Source?
What is your target audience's opinion of people living with HIV/AIDS?	Source?
What does your target audience consider “sex”?	Source?
How consistently does your target audience engage in “safer sex” or “safer injection”?	Source?
If inconsistent, what motivates your target audience to engage in safer behavior?	Source?
What is your target audience's assessment of their own level of risk?	Source?



4.2: Conduct an Environmental Assessment

Once you know all about your target audience members, and what behaviors you want them to change, how are you going to get them to listen to you? The easiest way is to try to place your information where your target audience is, in sources that they trust. It is much more difficult to get your audience to come to you than for you to go to them. It is also very difficult to convince them to believe something or someone that they don't find familiar. You need to determine either what specific people or categories of people would have an effect on your target audience.

Find out where your target audience goes during the course of a week, where they gather and socialize, and what they usually read or watch. Find out where they go when they have a problem and whose opinions they value. Once you know that, you need to determine what it would take to gain access to those places and people. Sometimes you just need to ask. Sometimes it's much more complicated or expensive than that.

You will use this information to select the channels for your eventual program. By using your findings, you can specifically choose who will see your message and design it accordingly. For example, did you know that advertisers use different bus ad locations to cater to different lifestyles? The posters on the inside of buses are clearly for people who take the bus to see when they are riding. They often have text because passengers usually have plenty of time to read. The posters on the rear of the bus are for car drivers, who see it when they are in

traffic, and will have a limited amount of text with a stronger emphasis on visuals. The posters on the sides of a bus are the most visible to the greatest number of people and will travel throughout the city, but have the least amount of text because the bus is usually moving and there's not much opportunity to read it. The posters in the shelters at bus stops are mostly for bus takers and for people walking by, and are less visible to car drivers. They can balance visuals and text, and while they will not be seen by everyone in the city, they can be an effective way to target particular neighborhoods. If you were going to use one of these methods to tell people about your program, you would end up making a decision based on your target audience's local travel habits, neighborhood affiliations, and how much text you needed to convey your message.

Who can help provide this information?

The single best resource for this information is your target audience members themselves. Again, your own organization's staff and volunteers should have some insight into this, particularly when you're trying to identify who your audience trusts.

Local newspapers, radio and television stations have demographic profiles of their audience base, which they create for advertisers. Just tell them that you are considering placing advertisements or PSAs (public service announcements) with them and they should provide you with this information.

Other agencies which provide services to your target audience on other topics should have information about how they have made their information accessible.

WORKSHEET 4.2: Environmental Assessment

Have the Program Planning Team and your staff summarize their findings below:

What forms of transportation are used by a majority of your target audience?	Source of this information?
Where does your target audience socialize?	Source?
What is the geographical separation between where your audience works, lives, and/or socializes? Is this significant?	Source?
Where does your target audience shop for essentials, such as groceries?	Source?
Does your target audience shop for non-essentials? Where?	Source?
What newspapers does your target audience read? How consistently?	Source?
What radio stations and programs does your target audience listen to? How consistently?	Source?
What TV programs does your target audience watch? How consistently?	Source?
What is your target audience's opinion of these media?	Source?
What reporters are most believable in your audience's opinion?	Source?
What reporters, editors, and media appear the most concerned about issues faced by your target audience?	Source?
Who controls the flow of information to your audience?	Source?
What are your target audience's opinions of these people or organizations?	Source?
How have other organizations gained access to your target audience?	Source?
What barriers to access have other organizations identified?	Source?
What public figures are considered trustworthy sources of information by your target audience?	Source?
Who in your target audience's immediate environment are considered trustworthy sources of information and/or support? (e.g. friends, family members, teachers, ministers, nurses, manicurists, counselors, anonymous phone support)	Source?



4.3: Conduct a Political Assessment

It is clear that your ability to provide services can be affected by what is allowed by legislation or other rules (e.g. at schools, prisons, large corporations). Beyond that, the “political climate” of public opinion, based on stereotypes or perceptions, can limit or support your prevention efforts. You need to assess the politics of your target audience, as well as the politics of those who control the information they receive.

You will also benefit from learning the “moral” opinions of your audience. Sometimes these are linked to religion, but not always. People have their own personal “lines” that they feel uncomfortable crossing, even when they don’t consider themselves religious. Sometimes these are based on what they’ve learned from their family and/or certain cultural values. Other times they can be based on their sense of identification with a particular non-family based community. Find out, too, if there is a difference in the moral opinions of your target audience and those who control the flow of information to them.

Another thing that affects a person’s willingness or ability to discuss some things can be their degree of “outness” around certain issues. These can include their sexual orientation, or just the fact that they are sexual at all, regardless of orientation. They may have difficulty discussing their gender identification. They may be uncomfortable discussing their occupation, drug use,

income status. They may be unwilling to risk exposing another person’s involvement in their actions. Try to be sensitive to people’s own ability to discuss difficult personal issues, even in the needs assessment process. Be creative about figuring out ways to get the information you need without violating your interview subject’s sense of comfort. Sometimes this means changing either the style or location of your interview, or changing interviewers.

Who can help provide this information?

Again, you will want to interview members of your target audience directly, as much as possible.

If there are public policy people in your organization, they can help you identify issues in research, health care, and government legislation which may impact your program. You can also work with a political lobbying group or political action committee to gather what legislative information you need.

Talk to your staff, Program Planning Team, board members, and members of other organizations who provide services to your community to assess what political obstacles they have encountered in the past.

If your target audience is in an environment which clearly controls the information reaching them, such as in a prison or a school, you need to assess the opinions of the people in control of those institutions.

WORKSHEET 4.3: Political Assessment

Have your Program Planning Team, Executive Director, staff and volunteers summarize their findings below:

Who inside your target audience's community has been supportive of the issues of your target audience or those addressed by your organization in the past?	Source of this information?
Who outside your target audience's community has been supportive of the issues of your target audience or those addressed by your organization in the past?	Source?
Who inside your target audience's community has been resistant to the issues of your target audience or those addressed by your organization in the past?	Source?
Who outside your target audience's community has been resistant to the issues of your target audience or those addressed by your organization in the past?	Source?
What legislation currently restricts your organization's activities?	Source?
What are the "morals" of your target audience?	Source?
If someone controls the flow of information to your target audience, what are their "morals"?	Source?
If someone controls the flow of information to your target audience, what is their opinion of your agency and the issues you address?	Source?
What are the cultural values of your target audience?	Source?



4.4: Conduct a Community Resource Inventory

“Resources” can mean many things. Some resources come in the form of services or actual products. Some are simply information resources.

Investigate what is already available to your target population at other agencies or through community groups in your area. Learn whether condoms and other safer sex items are easily available in places that your target audience already accesses. Beyond actual services, see if information about HIV and STD transmission is already available to your target audience’s immediate environment. Also determine what resources are available to your target audience, which address any of the many “co-factors” for HIV.

By using the results of this survey, you can better determine where the “gaps” are in available services. Sometimes it’s because something just isn’t available to your target audience at all. Sometimes it’s not necessary to create a whole new program, if a particular service is effective for one population, but needs some adjustment

or linkage to other existing programs to work for your target audience.

Your final program must be targeted to fill these gaps, and not overlap or duplicate existing services.

Who can help provide this information?

Your outreach workers and volunteers are a good source of information here. They can tell you what requests are made of them, what they see when they are out in the field, and their impressions of how readily everything is available. Also, your case managers can tell you what they have had to provide for their clients.

Ask other agencies what programs they have which are directed towards your target audience. Also, find out from them how many members of your target audience are accessing services which are not community specific. Gather materials like brochures and posters and see what is targeted towards your community. Also, find out what is available to your audience at STD clinics, pregnancy clinics, drug counseling centers, abuse counseling shelters, homelessness services, etc.

IDEA: Look for collaborators during your Community Resource Inventory

The primary goal of your Community Resource Inventory is to identify existing gaps in service to your target audience. It also helps you to be sure you are not unnecessarily duplicating the efforts of another agency or community organization. You can also use the Inventory to identify who you might approach to collaborate with on developing and implementing your future program.

WORKSHEET 4.4: Community Resource Inventory

Have your Program Planning Team, outside service providers, and your staff/volunteers summarize their findings below:

What HIV prevention services are available to your target audience outside of your organization?	Source of information?
What services are available outside of your organization to members of your target audience who are living with HIV or AIDS?	Source?
Are these outside services sufficiently accessible in the opinion your target population? Consider here language, financial, physical, and geographic accessibility concerns.	Source?
If a member of your target audience wanted safer sex supplies, where would they be able to obtain them? Is this sufficient in the opinion of your target audience?	Source?
If a member of your target audience wanted supplies to avoid using unclean needles or works, where would they be able to obtain them? Is this sufficient in the opinion of your target audience?	Source?
In your target audience's view, where are the gaps in available services? What do they think causes these gaps?	Source?
In your staff's and volunteers' views, where are the gaps in available services? What do they think causes these gaps?	Source?

4.5: Conduct an Agency Capability Assessment

Before you can fully commit to creating a program, you need to figure out exactly what your agency or community group is ready to do. DO NOT BE UNREALISTIC! You may want to do anything to help your clients, but the truth is

that there is only so much that any one person, program, or agency can handle.

You also need to assess what is in line with your agency's current path, and what would push your agency in a direction outside their mission statement or long range plan.



This information is also critical for grant proposals. It is what funders use to learn more about your agency, and to determine if it is the right one to implement your proposed program.

Who can help provide this information?

Your main resource will probably be your execu-

tive director. If you are in a large agency, you may have greater access to some of this information through the development department or the program director. Also, the information about your agency's past experiences with the target audience can be supplemented by current and former staff members, and volunteers.

WORKSHEET 4.5: Agency Capability Assessment

Have your executive director, fundraisers, and/or board members provide the following information:

When did your organization form?	Source of this information?
When did your organization begin working with the target audience of this proposed program? How? Is this ongoing?	Source?
How does this program's target audience fit into the mission statement and long-range plan of your organization?	Source?
What past experience does your agency have with this target audience?	Source?
What past experience does your agency have with different intervention methodologies?	Source?
What is the current expertise of your staff with the cultural and linguistic needs of your target audience?	Source?
How successful is your agency in recruiting volunteers, collaborators, new staff, and other outside support?	Source?
Are current priorities on changing existing services or on creating new ones?	Source?
Are members of your target audience represented on your staff or board?	Source?
What other funding or awards has your organization received?	Source?
How have clients, researchers or funding sources rated the quality and effectiveness your organization's services?	Source?

PROBLEM SOLVING: Prepare for future grant applications at the same time

As you go through your research gathering, prepare for the next program plan by collecting and keeping all the data in one place. Then make a list of what you've filed away, and write notes about what you found useful in each study. Then, when you have to create a new program plan, or even when your grantwriter wants to look at the original material that you drew from, you can save a lot of search time.

ASSESSMENT INFORMATION SOURCE CHECKLIST for Step 4

The following is a list of what you're looking for and some information sources which can help your Program Planning Team conduct your assessments. If you don't find everything, that's o.k. It is possible to begin your assessments without having everything assembled.

Again, some of these may be formal, written research data. Other sources include focus groups, written surveys and verbal interviews conducted by your organization. Some of this information may also be gathered through the media, online, over the phone, and from other organizations.

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Agency/Organization mission statement<input type="checkbox"/> Agency/Organization long-range plan<input type="checkbox"/> A description of your Agency's history with the target audience<input type="checkbox"/> Your staff's assessments of target audience's "problem"<input type="checkbox"/> Any client suggestions/complaints about your agency's current services<input type="checkbox"/> Documentation of the following information about your target audience:<ul style="list-style-type: none"><input type="checkbox"/> Age range<input type="checkbox"/> Ethnicity/ies<input type="checkbox"/> Primary written and/or verbal language(s)<input type="checkbox"/> Gender(s)<input type="checkbox"/> Sexual orientation(s)<input type="checkbox"/> Economic status<input type="checkbox"/> Education level(s)<input type="checkbox"/> Your local Community Planning Group's current reports/priority setting documents<input type="checkbox"/> Current HIV infection rates for your target community (sometimes this is hard, since tests are usually anonymous)<input type="checkbox"/> Current trends in AIDS diagnoses<input type="checkbox"/> Research on your target population's risk behaviors<input type="checkbox"/> Research on your target population's knowledge of HIV, safer sex, risk factors, STDs, etc.<input type="checkbox"/> Research on your target audience's beliefs about HIV, STDs, safer sex<input type="checkbox"/> Research on what safer sex practices your target audience has tried in the past, what they use now, and how consistent they are about it<input type="checkbox"/> KABB studies about HIV/AIDS in your target audience | <ul style="list-style-type: none"><input type="checkbox"/> Data from local STD clinics about your target population's rates of accessing services<input type="checkbox"/> Data from local STD clinics about your target population's reasons for accessing services<input type="checkbox"/> Current STD, pregnancy, and Hepatitis B virus infection rates for your target audience<input type="checkbox"/> Data from other support groups or mental health care providers/facilities about your target populations rates of accessing services and reasons for accessing services<input type="checkbox"/> Research on your target audience's rates of injection drug use<input type="checkbox"/> Research on your target audience's rates of non-injection drug and alcohol use<input type="checkbox"/> Research on your target audience's patterns of risk taking around their injection drug, non-injection drug, and alcohol use* (meaning answers to questions like: Do they ever share needles/works or do they always use clean ones? Do they ever have sex while drunk? Do they have to be high to have sex?)<input type="checkbox"/> Descriptions of other programs at other agencies which also target this population<input type="checkbox"/> Descriptions of programs available at other agencies which overlap with yours<input type="checkbox"/> Information about the usual places where members of your target population like to "hang out" or socialize<input type="checkbox"/> Listings of radio stations your target population listens to (and what programs)<input type="checkbox"/> Listings of TV programs your target population watches<input type="checkbox"/> Names of newspapers your target population reads (and what sections) |
|--|---|



- ☐ Information about your target population's primary means of transportation (e.g. car, bicycle, bus, walking)
- ☐ Information about your target audience's usual shopping habits
- ☐ Identification of and information about credible or believable sources of information to your target audience. (i.e. people or organizations respected by your target audience)
- ☐ Descriptions and program plans for other social marketing programs that have worked with this population outside of HIV
- ☐ Research on what your target audience thinks or knows about your agency and your existing programs
- ☐ Descriptions of types of programs your current funders are interested in supporting
- ☐ Listings and descriptions of requests for proposals for grants coming up soon
- ☐ Information about funding sources which might not support programs, but might support the research
- ☐ Names and contact information for researchers who might be interested in doing work with your organization or this target audience
- ☐ Analysis of current legislation which might affect your ability to provide services to your target audience
- ☐ Names and contact information of people or organizations which control information to your target audience
- ☐ Analysis of where the opposition to your program might come from, and who you know who can help overcome it (it's a good idea to be more prepared for opposition than less)
- ☐ Names and contact information for media contacts who are sympathetic to your agency, cause, or target audience (remember: doesn't have to be all three. Get them hooked on one and then work the others)
- ☐ Names, contact information, and voting records for political figures who are sympathetic to your agency, cause, or target audience (same for this—they don't already have to be completely on your side but just willing to listen to you)

Step 5. Begin Creative Program Design

Using the information you have gathered, you can now isolate a specific audience for a specific program. You can determine which of their behaviors you want to change, which are possible, and you have a pretty good idea about their attitudes towards those behaviors. You know your audience's daily activities. You know what services are available to them and what's not. Are you ready to begin designing a program? Yes.

How does "creative" program design work?

Basically, much of creativity comes from looking closely at a problem, thinking about all the background information available, and then trying to devise as many responses as possible. Creative people are greatly known for looking at something common and seeing something very different in the details. It is too hard (and usually ineffective) to try to solve a problem by attacking it all at once. Because most of the behaviors you are trying to affect are so entrenched in your target audience, it is more efficient and long-lasting to make changes in small steps.

No matter how small your target audience and how specific your problem definition, there is more than one program that can be designed in response. Each of several choices may be equally effective at changing behaviors. The creativity lies in thinking up several different responses when looking at the same problem. By considering several alternatives, you can choose the best of each, or to create something to which the community will respond strongly because it is so new.

What are the steps in this creative process?

First, you will be creating "intervention sketches" and then you will flesh out the details of the final program. Each solution will use a different "methodology" and be presented to the community through different "channels." Each one

PROBLEM SOLVING: Beware of the grant-centered program

Too often, program design is driven by the grantwriting process and is done in a rush under time-pressured conditions. When this happens, the program is often guided not by a full understanding of the current needs of a community, but by the resulting contract or grant.

Do not fall into the trap of deciding to create a program mostly because there is money available for it. Grant-centered programs are not necessarily client-centered programs, and can waste money, frustrate your staff, and alienate the community. Generally, both private and public funders choose to send out "Requests For Proposals" ("RFPs") in response to a demonstrated need, and most programs you design will fit into their constraints. On the other hand, if you ignore a grantor's wishes altogether, you will not receive any funding. The trick is in finding the balance, while always remaining focused on client needs.

will tackle a slightly different aspect of the problem, and will accomplish different goals. Like the preliminary problem definition, intervention sketches are absolutely necessary before you invest too much time in creating a program. Using the intervention sketches, you can evaluate which one will be right for your group or agency at this time.

5.1 Set Your Goals

The overall goal of HIV programming is to reduce the rate of transmission or increase the use of HIV services. However, each individual program needs to focus on achieving specific goals. By breaking down a larger problem into smaller, more manageable parts, you can build up the pieces which will contribute to this overall goal. Write out in 1-2 sentences which goals you want to prioritize at this time.

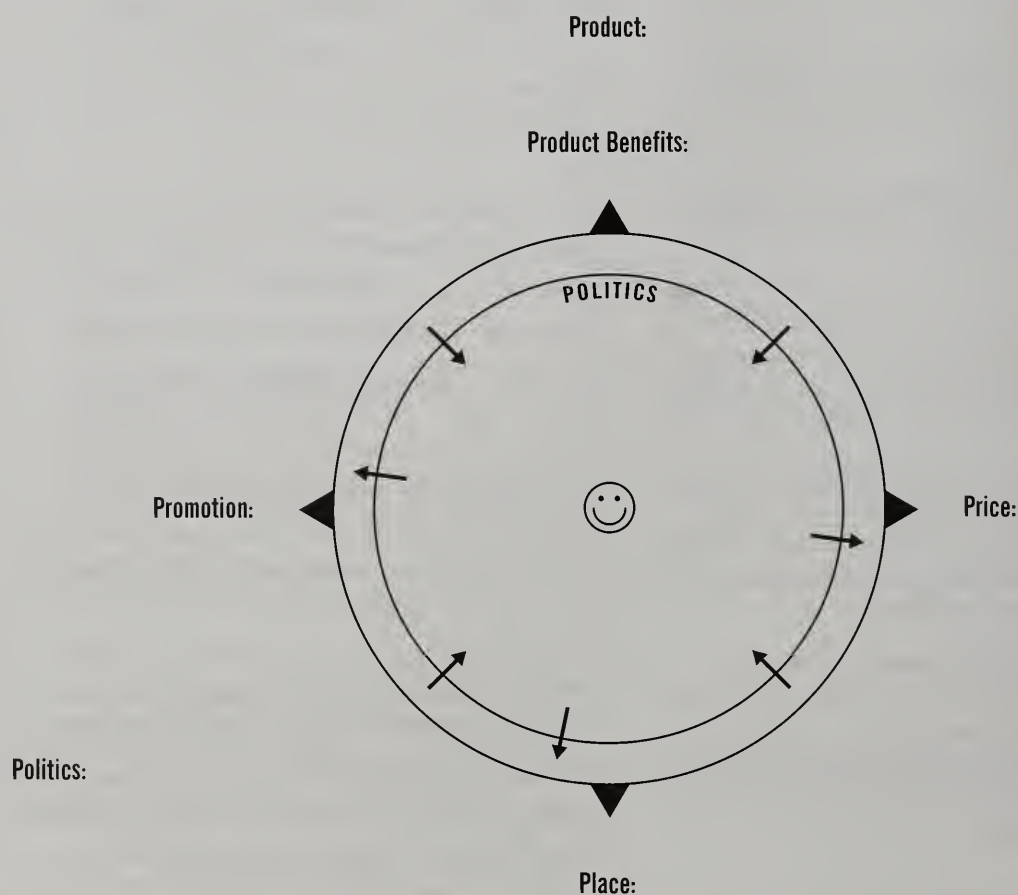
WORKSHEET 5.1: Goal Statement

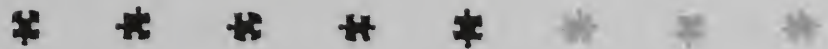
Write out in 1-2 sentences the following:

The Goal of Our Program is:

WORKSHEET 5.2: Marketing Mix Compass

This will probably be too small for all your information, but should provide a good start:





5.2 Complete a Marketing Mix Compass

You can now borrow from the experience of marketers, specialists in getting people to buy new things and ideas. To organize their information, they often use a compass-shaped map which charts the positive and negative aspects of a product, different places that the product could be sold, and ideas on how to promote it. You will basically do the same thing, but with the goal of changing behaviors instead of making a profit. In this case, think of the behaviors you are promoting as "products" that you want people to "buy into." There is a price to pay with any behavior change. And you're going to have to figure out an effective placement of your messages to get your target audience to pay attention. In addition, you may have to deal with some politics before you can get your program going.

The application of these ideas to behavior change is called "social marketing," which has been specifically adapted to HIV under the term "prevention marketing." Using this theory, you will gain a clear, simple graph of the different factors affecting your target audience. It will also give your teams a common language to use with each other during program planning.

"But we're not about 'Marketing'..." It is misleading to think of this as only creating advertisements for your programs. Prevention Marketing actually is more program planning than anything else. It's equally misleading to consider it only good for prevention, because it actually works in many other fields as well.

Determining the 5 P's. There are five main factors when talking about behavior change:

- 1) Product, which is the behavior that you want your target audience to engage in to either directly reduce their risk for HIV or increase their utilization of HIV services. This product comes with certain positive benefits which are the direct result of engaging in this behavior.
2) Price, which includes all the "negative"

qualities of the behavior in the opinion of your target audience, and the barriers that they would have to overcome to gain access to your product.

- 3) Politics, which control what information gets to your client. Politics can act as a filter, keeping some things out while letting others in. They can also act like a magnifying lens, making some things very important while distorting others.
4) Place, where you can offer information about your product or the tools to adopt the targeted behavior.
5) Promotion, which includes information or skills that you can offer to either reduce the price or increase the benefits of the desired behavior. The promotion will become the content of your eventual intervention.

Drawing the compass:

First, think about a single member of your target audience, one of your clients.

Now, picture a circle all around your client. This represents the Politics which affect the way your client sees the world, because to get anywhere, he/she needs to cross through the circle.

Around that, draw another circle like a compass with four points.

At the top is Product, the behavior that you want your client to adopt, in order to either reduce his/her HIV risk, or increase access in services after seroconversion. You need to be able to describe this in one sentence. Next to this, write all the the reasons why your client might want to engage in this behavior. This is a list of your Product's "perceived benefits."

To the right is a Price list, all the reasons why your client would not buy into your Product ("internal barriers"). Also add any reasons why your client can't do that desired behavior

TERMS: Social Marketing, Prevention Marketing
"Social marketing uses many of the tools of private-sector marketing—chiefly, intensive audience research—to guide program development and delivery. But instead of selling a product, like a car or detergent, a social marketing-based program 'sells' behaviors that benefit both the individual and society...Prevention Marketing is CDC's 'brand' of social marketing. Prevention marketing adds important qualities to social marketing with its emphasis on behavioral science and community participation and action...Prevention marketing is not a short-term solution. It's a long-term commitment—because changing and sustaining people's behavior is not accomplished overnight but over time."
—from "The Prevention Marketing Initiative: Applying Prevention Marketing." Published by CDC, February 1996.

TERMS: Intervention
An intervention is a collection of activities which make up a program, such as a workshop, a video, a stage show, or one-on-one counseling sessions.

REAL WORLD EXAMPLE: Collaborations to create more Place options
Step One modeled their HIV prevention programs on their highly successful drug prevention programs. They begin by building trust and then seeking long-term relationships. The program allows for collaboration and meetings with clients in multiple locations: jails, Goodwill, Salvation Army, and churches (Place).

REAL WORLD EXAMPLE: Overcoming Politics by fully exploring possible Places
When Human Beings Care wanted to reach teens at risk, they called, wrote, and visited 700 local churches (Place). They received favorable responses from three churches and have since partnered with them. Their advice: Don't Give up, the doors will open!

REAL WORLD EXAMPLE: A low-cost Intervention which eliminates a high-cost Price

At African Services, HIV is “one small piece of a larger puzzle.” As a result, other needs often overshadow HIV education, including language access (Price). However, maintaining multilingual services is very costly and labor intensive. African Services has successfully filled a service gap by using audiotapes in several different languages to reach populations who speak and/or read limited English (Intervention).

REAL WORLD EXAMPLE: Changing Place in Response to Politics

Project VIDA's target community is primarily Catholic and very church oriented (Politics). To reach its clients, Project VIDA runs several school-based prevention programs (Place).

TERMS: Methodology

A methodology is a description of the general category of interventions. The CDC defines four main prevention methodologies: Group Level Interventions, Individual Level Interventions, Community Level Interventions, Street and Community Outreach.

(“external barriers”). This list includes access issues, supply problems, financial concerns, etc.

At the bottom is **Place**, a list of where your client goes during the week, what your client reads or watches, and who your client considers reliable sources of information. These Places will determine where you can reach your client most easily. Note that under Place you should also have people who are trusted by your client, sources of media, and other things that we don't normally think of as Place.

To the left is **Promotion**, the messages about your Product which will either reduce its Price or increase its benefits. Start thinking about how you might increase the benefits or “selling points” of your targeted behavior, or what your client would get out of doing it. Also think about how to either eliminate or just reduce the importance of the internal or external barriers. This Promotion also can be in direct response to the Political circle, so more information about your Product can get through to your client.

Sorting through your options. You can create several possible interventions with different promotion messages to decrease the price or negative politics, or to increase benefits of your product. You will find that each piece of information you add to any compass point, increases your options. Use the intervention sketches in Step 5.3 to help you clarify your choices.

5.3: Create Intervention Sketches

Now that you have identified the elements of your options through your Mix Compass, the Program Planning Team needs to turn the 5 P's into a plan. You will first create short sketches (three sentences long) of possible interventions and pre-test them with your Target Audience. Each sketch will feature different products or different promotions using a few alternate methodologies. You will also use these sketches

as a basis for considering potential collaborators for your future program.

After you have decided on which sketch to pursue, you will finalize the plan by creating objectives, detailing the process of collaborations, writing out your future staffing needs, and creating a budget.

To illustrate, we'll look at some possible intervention sketches developed from a Mix Compass:

Suppose that the Price you decide to target is that your client thinks putting on a condom takes too long and causes too much disruption to be worth the effort. You could try to overcome this barrier by teaching your client faster and more fun ways to put a condom. Or you could try to make this concern less important by emphasizing the benefits of using a condom such as preventing STDs, HIV, etc. In the first instance, you are trying to decrease the Price. In the second, you are promoting the Product's benefits.

If you decide to choose the first option of teaching fun condom techniques, you still need to determine how to do it. Going back to the Place column, you would choose a channel which would be most likely to capture your client's attention. You can choose to create positive peer norms around making condoms fun through a Community Level Intervention by creating brochures, stage shows, etc. Or you could decide that more direct and personal trainings are necessary, opt for an Individual Level Intervention, and train your case managers to show clients one at a time. Or you could put an emphasis on showing these individual tools in your client's environment, using a Street Outreach Intervention Methodology. In that case, you could train outreach workers to show your client the condom tricks when they're out in the field. You could also choose a Group Level Intervention and develop hands-on workshops.

than trying to change the nature of their sexual relationship if both partners like having one person make all the decisions.

- 2) Suppose you are trying to reduce the HIV risk of a population in some kind of restricted environment, like a school or prison. Now suppose that you can't even reach your target because of the politics of the people who control what information gets to your desired target audience. You may be better off trying to change their politics before you can begin to change the direct HIV risk of your original target population. (Another alternative may be to see if there is another "Place" that you can reach your target population, like where the students go after school or on the TV shows that the inmates watch).

When you get stuck on your compass, try some unexpected shifts. Often the most radical is by changing the target audience. Remember that you can try anything at this stage, because the whole program is still just on paper.

PROBLEM SOLVING: Use the sketches to check that you're focused enough

If you can't fit your intervention ideas into 3 sentence sketches, your target audience may still be too big, or you may be trying to address too many risk factors or co-factors. You may have created something too complicated to be one program. Remember, you have to be able to easily explain it to funders, future staff and volunteers, and "sell it" to your target audience. Also, while it may feel strange to get too specialized, targeted work is the only way to be effective.

REAL WORLD EXAMPLE: Creating Place when one isn't available or appropriate

When the social events for people living with HIV at Us Helping Us became

(continued on next page)

5.4 Consider Collaboration or Coordination Partners

Often the best way to assure that your program will work in the best way possible for your Target Audience is to work in collaboration with other agencies, service providers, or community groups. There are so many parts to any program that it is almost unreasonable to think that you have all the resources and expertise already on your staff, or that you will find the perfect applicant who will know everything they need to even before they start working with you.

You can turn to outside sources for assistance on a number of levels. You might simply ask to have someone tell their clients about your programs, or you might decide to maximize each organization's skills by offering programs in conjunction with each other. You could also rely on an outside agency as a referral source, if they provide services beyond your organization's capacity.

You may want to collaborate with someone to increase your staff's skills by getting training from them. Or you could increase the appropriateness of available services by training another agency to increase their sensitivity to the specific needs of your target audience. You can decide to work together to deal with a political concern that affects both of your agencies. You can also enter into a partnership with a media or other information source which is interested in highlighting the issues of your clients.

At this point, you just want to begin thinking about possible collaboration/coordination partners, especially if bringing on a partner will increase your intervention options.

5.5 Pre-test Intervention Sketches

How do you decide between your several (fabulous) sketches? Pre-testing. This is your chance to discover which of your sketches would be

most possible and appropriate to develop into a program.

What am I testing for? You are looking to be sure that any program you end up with is effective, if it would work to actually change behavior or not. You want to know whether your audience understands it and will respond to it. You are evaluating if you have chosen the right target audience to prioritize at this time.

You are also evaluating your organization's capacity to handle this kind of program, and if there is sufficient financial and political support for it. You are trying to determine what additional resources you may need, and if it's necessary to create a whole new program or if you simply need to adjust an existing one.

Again, you begin with your intervention sketches, refining them as you complete more pre-testing until you finally develop a program that will work.

What kind of tests? In the ideal world, you would be able to mount little baby versions of your interventions, try them out in real time, and closely monitor the results to see if your plan worked as expected. In the real world, you are going to have to do some projections based on a series of "what if?" kinds of tests. Each one can focus on a different, specific, aspect of the program instead of tackling the whole thing at once.

This can be done by creating questionnaires about your intervention sketches. You can create short term focus groups to actually try out the interventions. Surveys can be administered by your staff or volunteers out in the field (sometimes called "venue-based intercept interviews").

Who should be pre-tested?

You will mostly test your target audience directly, to see if they will respond to your interventions. Your other main testing pool includes the entire Program Planning Team, the Finance Wiz, and the Grantwriter.

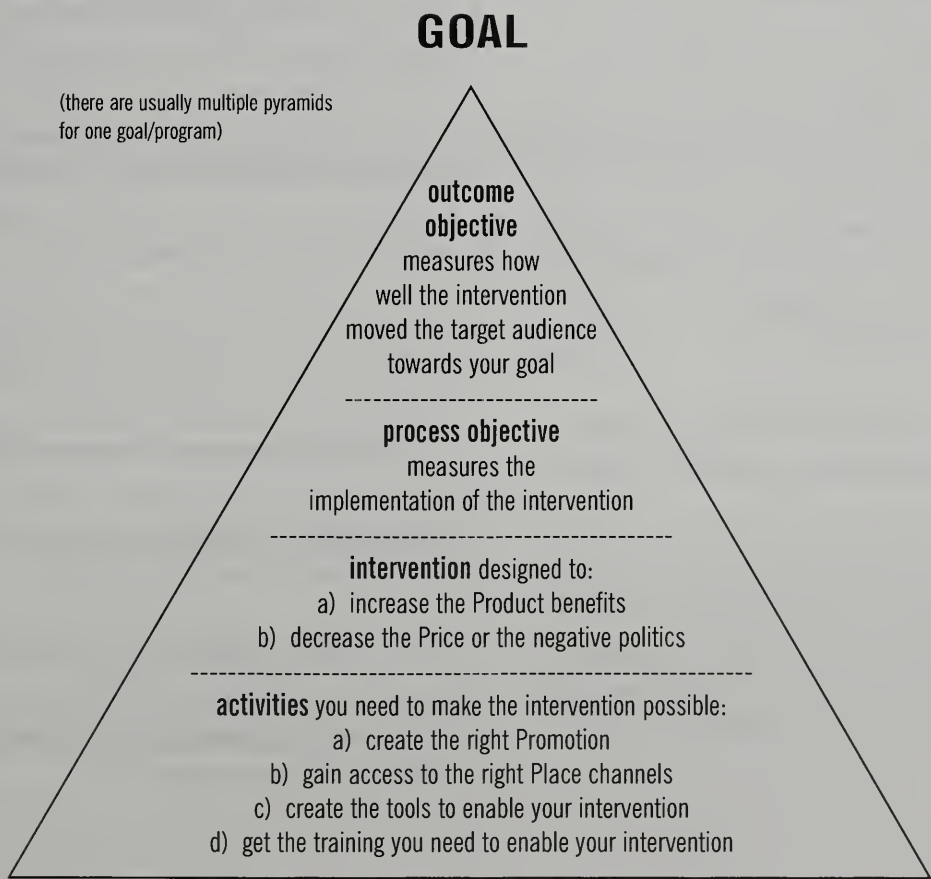


Pre-test your sketches with your current staff and volunteers. They know your audience well and can give some insight into whether or not they think that a particular sketch will work. Also, they will be able to tell you if they think that they will need extra support or training.

You need input from your Executive Director to assess if your organization is the right one to implement these programs. Fantastic as your ideas are, if you can't realistically handle them, this is the point to find out.

If you are thinking of collaborating with other service providers, community groups, or agencies, bring them in at this stage to figure out what is really feasible. Also, if you need to get "buy-in" from certain people or groups to make your proposed plan work, include them as well.

Think of the Program Pyramid



Step 6: Finalize Your Program Plan

After you've determined which intervention sketch to develop, you will need to set up the plan for your program. This means setting objectives, detailing your collaborations, identifying your staffing needs, and creating a budget. Some of this work entails adapting your planning language for grantwriting needs.

Step 6.1 Detail Your Program Activities and Objectives: A Pyramid

Your final program plan needs to have a full description of your intervention, what you will do to make your intervention happen, how many times and when you intend to do the intervention, how many people you expect to have participate, and what you expect the end result will be of their participation.

"the place to be," HIV negative men wanted to participate. The HIV positive clients wanted their house to remain a safe space for them. In response, the organization has acquired additional space for positive and negative men to socialize together.

PROBLEM SOLVING: Avoid prematurely setting up expectations for your proposed program

One danger in pre-testing is setting up community expectations that you will definitely be providing a specific service in the future. This is a problem since you have not yet found the funding for your proposed program. Be very clear that you are pre-testing with the goal of choosing a program and finding future funding. Frequently, community members are excited about being included at this stage, which can be a clear indication that you care about their opinions about your services. Sometimes, individuals or groups will want to get more involved in assisting with finding the funds, if the program is particularly important to them.

You want to avoid having anyone feel like you began to provide a service that they started to rely on, only to have it stop because you decided to pursue an alternate program, or you couldn't find any money, or discovered that it was beyond your organization's scope. This can happen, however preliminary and basic the proposed program felt to you.

REAL WORLD EXAMPLE: Overcoming Price

When conducting a Community Resource Inventory, Women Organized to Respond to Life-threatening Diseases (WORLD) found that most of the available literature was highly technical and did not address the needs of their clients, many of whom had limited access to education. The final format for WORLD's HIV University is therefore highly interactive and does not require literacy.

PROBLEM SOLVING: Check that your objectives are SMART:

Specific Measurable Appropriate
Realistic Time-based.

This is the stage where you answer :
"Who (and how many) will do what by
when and how much?" Ask the follow-
ing questions as you create your objec-
tives on the way to your goal:

Specific. Are my objectives too broad
to be achieved through one program? If
I accomplish my objectives, will they
result in behavior change that leads
directly to reducing HIV risk? Will they
lead directly to my target audience
accessing more services?

Measurable. How can I tell if my pro-
gram is actually accomplishing what I
set out to do? What can I measure to
find out? How can I measure it? Are
these numbers/facts/pieces of infor-
mation that I can present in a report?
Can I measure them against some-
thing?

Appropriate. How culturally and edu-
cationally appropriate are my objec-
tives for my target audience? Will my
program remain accessible and effec-
tive to my audience throughout? How
will this program affect my relations
with the community? Will the interven-
tions meet a gap in current services?

Realistic. The program may be terrific,
but can my agency/group implement
it? How long can we maintain a pro-
gram like this? Do we have or can we
get the resources? Do we need assis-
tance to make this program happen?
Do we need specific training before we
can start this?

Time-based. What is the timeline for
accomplishing these objectives? What
is the timeline for the program overall?
Does the timing of the grant work with
my agency's timeline?

Your original Goal statement is what everything
is building up to.

Your desired behavior change (your Product) is
the basis for your desired Outcome. Your
Outcome Objectives are numbers which mea-
sure if the intervention managed to effect
enough of this behavior change. Did your
client actually engage in your desired behav-
ior? What percentage of Target Audience par-
ticipation in the Product will you consider suc-
cessful? How will you monitor whether or not
your client actually did the behavior? These are
some of the questions you should ask when
determining whether or not you were success-
ful in achieving your desired Outcome.

Your intervention sketch is the basis for your
Process. Your *Process Objectives* are numbers
which measure if you managed to implement
your intervention to the level that you thought
you would. That is where you state how many
times you'll do each intervention, how many
people you plan to have participate, etc. You
should have one process objective and one out-
come objective per intervention.

The base of the pyramid is made up of the
activities you will do to make each intervention
happen. On your timeline, these activities will
begin from the moment you receive the money
through final evaluation, and are the logistical
foundation of your entire program. When try-
ing to detail your activities, try to determine
what you need to do to:

- a) create the right Promotion (e.g. hold a
focus group, hire a consultant, conduct a
survey)
- b) gain access to the right Place channels (e.g.
meet with the school principal, contact
restaurant owners, identify sympathetic
news editors, join a meeting house collec-
tive, get an internet service provider)

- c) create the tools to enable your intervention
(e.g. build a set, design a brochure, hire
new staff, recruit volunteers, secure a
meeting room, record a PSA, install more
phone lines)
- d) get the training you need to enable your
intervention (e.g. facilitation, counseling,
street outreach, journalistic writing, com-
puter graphics, carpentry)

**How permanent are these Objectives? It's
hard to know what will work in advance.**

Don't be afraid to make detailed plans for your
program. As you progress through implement-
ing it, you may need to make changes in your
activity timeline, process objectives, and even
your outcome objectives. Through your periodic
checks of your plan, you have the opportunity
to see places where programmatic changes are
necessary, if things are not going as you thought
they would. You might also discover that you
were too ambitious when you made your objec-
tives, or that you encountered unanticipated
obstacles in implementing your program.

REMEMBER: While you can make changes to
run a program in the most appropriate, effec-
tive, and realistic way possible, you can't make
fundamental changes which change your overall
use of the grant money without consulting your
grants administration people. Because a funder
gave you the funds to do something specific,
they expect that you will do what you said you
would. Of course, because you are doing such
careful evaluation and tracking the progress of
your activities and interventions, you will be
able to explain why you need to make your pro-
posed changes. Most grantors respond well
when communicated with regularly.

Most of the time, however, you will find that
because you've done such careful preparation,
your plan will be pretty much on track
throughout your program.



WORKSHEET 6.1: Interventions, Process Objectives & Outcome Objectives

Using your Goal Statement, Target Audience Definition, Mix Compass, and Intervention Sketches, complete the following. You will give these documents to your Grantwriter.

6.1a: INTERVENTION

What is a shorthand description/name for your Intervention?
Please write a description of your intervention.
What is the structure of this intervention?
How long will each one last?
Where do you intend to offer the intervention?
How will you document that you have completed the intervention?
Will this intervention lead the participants to utilize any other services at the organization? Which?
Will this intervention lead the participants to utilize services at any other organization? Which?
Will this intervention be offered in collaboration with another organization? Which?
What is the methodology and theory behind this intervention?
What barriers/Price/negative Politics will this intervention overcome?
What Product benefits will this intervention promote?
Have you identified other Promotions? What are they?

TERMS: Goal, Outcome Objective, Process Objective, Intervention, Activities

Although often confused, there are very real differences in these kinds of objectives, and each one is necessary for describing and measuring every program. Actually, we have these objectives present all around us for every activity. Two examples:

- 1) Say you have a meeting in 30 minutes for which you want to be alert. This is your *goal*. Your barrier is that you are sleepy. You decide that an effective way to reach your goal is to drink coffee. This is an *intervention*. You decide specifically on consuming an 8 ounce cup of Java Diner coffee within the next 20 minutes as an appropriate *process objective*. On the way, you will have several *activities* to make your intervention happen: get enough money for the coffee, go to the diner, order and pay for the coffee, get the cup in your sleepy little hands. After you drink the coffee, you will feel a buzz and wake up a little. You can measure whether or not you accomplished your *outcome objective* by seeing if you stayed alert for the whole meeting.
- 2) Say you want to increase the knowledge of HIV transmission routes in your community. This is your desired *goal*. You decide that the best *intervention* to achieve this is to conduct HIV educational workshops at a local community group. When you have completed a given number of workshops with a certain number of participants, in a given period of time, you will have achieved your *process objective*. To accomplish this, your *activities* can be: securing permission to conduct the workshops with the group's coordinator, training adequate staff to lead the workshops, purchasing a certain number of condoms/gloves/etc. to distribute, developing a brochure to give to workshop participants, creating and placing some advertising, getting a

certain number of people registered to enroll in the workshops, developing an HIV knowledge pre- and post-test for the participants to take. Now you want to know whether or not the workshop participants actually learned anything. The completed Pre-and Post-Test with the participants will measure if you achieved the *outcome objective* of your intervention, in other words, if enough people learned as much as you intended.

PROBLEM SOLVING: Double check that your objectives directly lead to your stated goal

At this point, do a quick check to be sure that if you achieve your objectives, they will 1) fulfill your goal, and 2) lead directly to a reduction in HIV transmission risk in your target population, and/or an increase in your target population's rate of accessing HIV services.

6.1b: PROCESS OBJECTIVE

How many times will this intervention happen in one grant year?
When will you begin offering this intervention?
When will you complete this intervention?
How many members of your target audience do you intend to have attend each intervention?
How many participants total do you intend to have participate in your intervention in one grant year?
Who will be responsible for achieving this objective? (Their job title)
How will you document participation in this intervention?

6.1c: OUTCOME OBJECTIVE

What behavior change is the target of the intervention?
What about the behavior do you intend to change? (e.g. the number of people engaging in this behavior, the frequency that an individual will engage in this behavior, the location of the behavior)
How many people, who participate in your intervention and then engaged in the desired behavior change, would it take for the outcome objective to be successful? (numbers or percentage of total)
How will you measure this change? What evaluation tools will you use? What baseline will you measure your success against?
When will you complete this outcome objective?
Who will be responsible for achieving this objective? (Their job title)



Worksheet 6.1d : Intervention Activities Timeline

For each intervention write out a timeline of the activities required to make it happen. Include here formative research stages, recruitment, hiring, training, materials development, etc. Put no more than one intervention per sheet. (Note: this timeline layout is for one year, divided into four quarters)

Intervention Name:	Person Responsible	When?			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Activity:					
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

TERMS: Collaboration, Coordination

The distinction between these two terms is somewhat subtle, but critical in contracts.

Coordination is usually a somewhat informal relationship, such as when organizations are simply providing information to clients about each others' services.

Collaboration is more intertwined. Some examples are 1) Two organizations agree to exchange trainings, schedule their work together, or otherwise tightly coordinate their service delivery to a particular group of clients. 2) Two organizations plan a program together, including budgeting, grantwriting, and evaluation. Collaborations are usually measurable and can be described in a work plan.

A good question to sort out the distinction is: Can we provide this service to our clients without the other organization? If the answer is yes, they are a Coordinating Partner. If the answer is no, they are a Collaborating Partner.

6.2 Detailing Collaboration or Coordination Partnerships

In Steps 4 & 5 you identified some potential collaborators. You may have already begun to discuss with them their interest in collaborating with you. You now need to decide which ones will be partners in your final program. You also need to clarify if these will be collaborating or coordinating relationships.

After these decisions have been made, you need to define exactly how you will work together, and what will be expected of each partner. You will clarify which sections of your proposed program you will be collaborating on or coordinating jointly.

Do we always have to collaborate with someone to be successful? No.

You should consider collaborations on a program-by-program basis. While some collaborations make your work easier, better, and more comprehensive than before, others can be more trouble than they're worth. In the ongoing funding crisis that always seems to face social services, many people consider collaborations an essential part of continuing to provide the best care to their clients.

Collaborations need to be structured carefully. Like any other part of your program plan, you need to be very clear about why you're collaborating, how it will work, how you will know whether or not it's working, and what everybody's responsibilities are.

Before you enter into any collaboration, you should read NMAC's 1996 manual, "The Collaboration Continuum." Excerpted here are some important points to remember at this point:

Myths about Collaboration

Myth #1: Collaboration Saves Money.

Myth #2: Collaboration is Always Good.

Myth #3: We Should Start Collaborating.

Myth #4: Collaborating Partners must have Equal Power.

Myth #5: Collaborations must have Written Agreements.

Myth #6: A Written Agreement is a Guarantee against Problems.

Myth #7: The Main Reason to Collaborate is that Funders want it.

Myth #8: If you try hard enough, you can make any collaboration work.

Four Rules of Successful Collaborations

Rule #1: The scope of the collaborative project is clearly defined.

Rule #2: Each partner knows how the collaboration will advance the interests of its organization and clients.

Rule #3: Roles and responsibilities have been defined; mechanisms for communication and joint accountability are in place.

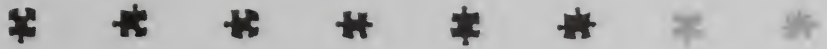
Rule #4: The relationship "works": there is enough trust and respect among the partners to support the level of risk and interdependence involved in the project.

Finding Collaboration or Coordination Partners

Look back at your Environmental Assessments and Community Resources Inventories (Step 4). Highlight the following:

- Possible trainers for your staff/volunteers to implement your activities
- Possible channels for your intervention activities and/or for information about your proposed programs
- Possible sources of political support for your proposed programs
- Possible service providers for your Target Audience in conjunction with your proposed programs

Any of these can be possible Collaboration or Coordination Partners.



WORKSHEET 6.2: Collaboration & Coordination

First, have your collaborating/coordinating partners complete the Worksheet 4.5: Agency Capability Assessment Questionnaire. Provide the additional information to your grantwriter. You will also need to draw up a Memorandum of Understanding/Agreement for the actual grant application and/or before you begin collaborating/coordinating together.

What is the purpose of this collaboration?
Who will be the contact person at the partner agency?
Have these organizations collaborated or coordinated services before? How and when?
Why was this particular partner chosen for collaboration/coordination on this program?
What gaps in organizational resources will be filled by the collaborating partner?
Please write a description of how the collaboration will work.
Which objectives, interventions, and/or activities will be jointly developed, delivered, and evaluated?
What is the timeframe for this collaboration? Is it ongoing or will the relationship have a beginning and end?
What staff, consultants, or volunteers at each agency will work together and how?
How will this work be coordinated?
If the partners are to share financial resources, what will be the subcontract arrangements and amounts?
How will the money be spent by the partner agency (between personnel, shared costs, direct program costs, and agency overhead)?
How will the shared staff be managed/supervised?
How often will the shared staff meet?
How will the success of the collaboration be evaluated?

TERMS: MOU/MOA

Governmental funding sources typically require an applicant to provide evidence of its collaborative or coordinative relationships. For coordinative relationships, be prepared to provide signed and current memoranda of understanding or agreement (MOU/MOA) which describe the history, goals, and specific mechanism of coordination between the two agencies. For collaborative relationships be prepared to provide a draft subcontractual MOU/MOA which includes the following:

- 1) *Scope of Work* exhibit consisting of process and outcome objectives, staffing plan, evaluation plan and collaboration management plan;
- 2) *Budget* exhibit which provides justification for all subcontract expenses by line item; and
- 3) *Subcontractual MOU/MOA* signed by the executive directors of the collaborating agencies or a signed *Letter of Intent* to enter into such an MOU/MOA if funding is awarded.

PROBLEM SOLVING: Don't get caught with your information down!

Periodic check-ups are necessary to assure that your program is on track while it's running. Final evaluations are necessary to provide reports back to the people who provided the funding. And final evaluations are also necessary to decide if this is a program you want to provide again, if any changes are necessary before you renew it, or if you should try something completely new.

Because of the importance of evaluations, you don't want to shortchange the time or the money it takes to do them well. Build them into your timeline and your budget. Train your program staff in advance of asking them to actually begin evaluating their work.

Also, you need to avoid having no information to analyze in an evaluation. By planning ahead, you can gather all the numbers and interviews necessary to do a proper evaluation. Too often, program staff put off thinking about evaluations until it's time to fill them out. By then it's too late to conduct the interviews and surveys necessary to monitor a program.

6.3 Create an Evaluation Plan

Your interventions are complete. Does that mean you were successful and hit your goal? Not necessarily. When you complete your process objectives, you only know that you physically did the job that you said you would do. You still don't know if you managed to reduce HIV risk in your target community, affected their Knowledge, Attitudes, Beliefs, and Behaviors around HIV, or increased the use of related services. You need to administer evaluations to determine this.

You'll also want to know what your target community thought of your program. Be sure to include program evaluations in your plan. You should also have program evaluations completed by your agency and program staff, volunteers, and collaborators. This will measure how well you did on your way to accomplishing your objectives.

When you are deciding on your evaluation methods, consider the following questions:

- 1) *Evaluation Questions.* What questions should be answered through your evaluation activities? The two basic questions which should always be asked are, "did you complete the process objectives (what did you do)?" and "did you accomplish the outcome objectives (what impact did you have)?"
- 2) *Data.* What kind of information (data) will you need to collect to answer the evaluation question? Data can be quantitative or qualitative.
- 3) *Data Source.* Where and when will the data be collected? Data can be collected from many sources including the program's own documentation records (e.g. client registration forms, field notes), other service providers or institutions (e.g. HIV testing clinics, STD clinics, schools), and directly from staff, volunteers, and clients. Once the sources for your data are selected, you must determine at what point(s) in the intervention you will collect it.
- 4) *Collection Method.* How will the data be collected? Data can be collected through the routine process of documenting program services (e.g., sign-in logs, registration forms, activity documentation forms);

through designed data collection instruments (e.g., surveys, questionnaires); through interviews, focus groups and direct or field observations; and through the review of documents (e.g., client chart extraction). Be creative.

- 5) *Baseline Data.* If the evaluation is designed to measure a change, what is the baseline against which you will measure that change? Conducting pre- and post-tests with the same client group or conducting pre-tests with one group and post-tests with another are two simple ways to establish a baseline.
- 6) *Standard of Success.* Once the data has been collected, how will you know whether it indicates success or not? What evaluation result would constitute a success? (e.g. "40% increase in participation in needle exchange programs"). Once this standard has been established, both the organization and the funder will be able to agree on the interpretation of the evaluation results.
- 7) *Evaluator.* Who is responsible for conducting or coordinating the evaluation? Evaluation activities typically include developing and refining research questions, developing a data collection plan, designing and pre-testing data collection tools, training staff and volunteers on data collection tools and protocols, gathering the data, checking, entering, storing and securing the data, analyzing the data, and summarizing and reporting the results. Consider utilizing an evaluation consultant from a local university or research group to assist you along the way.
- 8) *Use of the Data.* How will evaluation data be used to direct program design and implementation? At the very least, data should be used by the program director and project staff to assess a program's effectiveness, modify its design and adjust its implementation. Toward this end, the project's successes, failures (challenges), barriers and corrective actions taken should be documented as part of the evaluation process.
- 9) *Audience for the Results.* How will the results of the evaluation be reported and who will receive the results? Decide which potential audiences should receive copies of the project evaluation reports, including the program director, program staff and funder, your local health department, HIV Prevention CPG, your executive director or board of directors, potential funders, or even researchers at a local university.



Worksheet 6.3: Evaluation Plan

Complete one worksheet per Process Objective and per Outcome Objective.

Objective:	
QUESTION (what question will your evaluation seek to answer?)	
DATA (what kinds of data will be collected?)	
SOURCE (at what points will data be collected)	
COLLECTION METHOD (using what methods or instruments will data be collected?)	
BASELINE (using what comparison group or baseline, if any?)	
SUCCESS (what result constitutes a successful outcome?)	
EVALUATOR (who will conduct the evaluation?)	
USE (how will the evaluation data and results be used?)	
AUDIENCE (how will the results be reported and to whom?)	

PROBLEM SOLVING: You don't have to design evaluation tools on your own

Much research has been done to design all kinds of evaluation tools. Ask for assistance from the researchers you identified for your Program Planning Team, from other experienced program planners, or from behavioral science resources.

REAL WORLD EXAMPLE: Including volunteer leaders into staffing plan to create a more appropriate program

At Women Organized to Respond to Life Threatening Disease (WORLD), in Oakland, CA, clients are at the center of the ongoing program planning process. HIV University is an intensive HIV education program which is entirely student (client) driven. The students begin with four weekly planning meetings, where they collectively identify their educational needs, organize the curriculum, and set the schedule of classes (usually 10 to 15 weekly sessions). An additional note: the graduation ceremony for HIV University is held at a local drug and alcohol recovery center, which increases awareness of the program. This has in turn resulted in bringing in more clients, some of whom are now part of HIV University's planning team.

6.4 Staffing and Training Plan

How do you decide who to hire?

Now you have to get specific about who is going to be in charge of each part of the program you have designed. You will use this step to break down the program into clear elements, figure out how much time each one will take, and how much staff time you will need to get this program running. You will create job titles, descriptions and describe each person's responsibility for different elements of the program.

This is also the right time to start thinking about what skills you will need in each job to make it the most successful. As we noted in Chapter 1, many people are hired because of their knowledge of and/or relationship with particular communities. While this works in many cases, there are times when it is most important to hire someone because of their

skills, even if they have no prior experience with the target community. It is important to identify this kind of priority early, because it will help you make decisions later about where to advertise a job, how to describe job requirements, and how to describe the job to potential applicants. This is another point to anticipate potential community problems which result from confusion over hiring choices, especially when applicants are coming from outside your target audience.

You can also use this information in the program planning process to anticipate any training needs you might have, based on your potential staff's experience (or lack thereof). These trainings will probably cost some money, and will certainly require a certain amount of time. You want to anticipate this in your program's timeline and budget.



WORKSHEET 6.4: Staffing Plan

Complete the following information for each staff person needed for the program. This includes people who are currently on staff who are going to be working on the program and people who are going to be hired if you get new funds. (All staff responsible for different parts of a program need to be written into a program plan and into a grant proposal)

What is the job title for this position?

If this person is already on staff or if a candidate has already been identified, what is this person's name?

(Please attach resume)

If a staff position, will this person be full-time, 3/4 time, 1/2 time, other?

If a consultant, how many hours are necessary for the consultancy?

From when to when will they be involved in the program? (give in months or contract year quarters)

If a staff position, what will this person's annual, full-time salary be?

(If they are working less than full time, they will receive the corresponding percentage of this total amount).

Briefly describe this person's role in the program and the amount of time per week that will be spent on the following:

What will be their primary responsibilities?

With whom will they be working?

Will they supervise anyone?

Will they be responsible for any part of the coordinating
or collaborating relationships?

What role will they play in evaluating the program?

What will be the required and preferred qualifications on this hire?

(Include here preferences for experiences with a particular community, linguistic needs, managerial skills, work and skills background, type of education.)

What types of training will this person need to succeed in this position?

To whom (what position) will this person report?

PROBLEM SOLVING: Sometimes translation is necessary between program planners and budget people

After setting the program's objectives, planners often feel they can just hand the plan over to budget people and it will make sense. Sometimes the budget people will then just hand the plan back and tell the planners that they need more information before they can prepare a budget for a grant application. Worse, some budget people don't feel that they have that option and will therefore make up any information that they need to fill in a final budget. Planners can feel that their objectives are comprehensive and can't think of anything to add.

What's wrong? Usually, each person simply needs to explain the assumptions that they have behind all of their decisions. A budget person's assumptions and a program planner's assumptions are usually based on completely different things. These are not in conflict, but they aren't clear to anyone who doesn't do that job. Be patient and try to explain everything even if it feels really obvious, especially anything that led up to the decisions.

6.5 Prepare a Program Budget

But I don't do budgets.

The budget people do that!

"Budget people" have the exact same goal as any program planner: making a program work in order to serve clients. They base all of their work on what a program needs as defined by the objectives set up by the people planning the program. There is no way that a budget person can accurately do a budget without the planner—they might end up not leaving enough money for something important, while being unaware that something else was even necessary because they weren't told about it. On the other hand, program planners usually know very well what it might take to run a program, but not have a clue about how a program's budget works into an organization's budget. Program planners should determine the cost of the intervention and then work with the Finance Wiz to figure out the program's impact on the whole organization.

When you make an intervention activities plan and program objectives, you create a lot of numbers, like the amount of time needed for a workshop, the number of people you need to hire, how many people you expect to reach, etc. The Finance Wiz will simply take those numbers and figure out the dollars that are attached to each of them.

The Finance Wiz and Program Planner need to meet together and talk through the budget for every proposed program. This document will be used in grant applications. It's also a good

plan to create a couple of different program scenarios at different levels of funding. That way you'll be prepared if you don't get all of what you apply for. You'll also have more options if you have to apply to several smaller funding sources to assemble enough to create the program. Don't wait until after you've completed the plan, get sold on it, and then figure out that there's no way that you can reasonably do it or that it could fit into your upcoming grant proposal.

Can't I just hand them the Intervention Activities & Objectives Worksheets? No. There are many places in your plan where you may have made assumptions which the Finance Wiz couldn't account for. For example, if you say that a staff person will do a particular activity, are you assuming that you will hire someone who is already trained to do that, or have you left time and money in your plan to train them? When you said that you will conduct a workshop, did you think about where the workshop would happen and if you need to include space rental costs in your budget? Did you actually figure out the real amount of time it would take someone to supervise their staff? To complete a report? To meet with collaborators? To develop a brochure?

These are the sorts of questions that you will clarify as you complete **Worksheet 6.5** together with the Finance Wiz. They will take this information, determine the real costs of your program and its impact on the overall agency budget. The budget is then handed over to the Grantwriter along with your other Worksheets.



WORKSHEET 6.5a: Personnel Costs

Program Staff

List all direct program staff needed to implement your program. You do not need to include supporting/shared staff (i.e., Program Director, Receptionist, etc.)

Title	FTE *see below	Salary	Dates
1.			
2.			
3.			

Shared

4. Program Director			
5. Administrative Assistant			

Shared Staffing Notes:

In this space indicate anything unusual about the shared/supporting staff needs of your program (i.e., receptionist will be asked to schedule counselor appointments).

Consultants

List all consultants needed to implement your program.

Title	No. Hours/Days	Rate	Dates
1.			
2.			
3.			

FTE Calculation

To verify that FTE is sufficient for the program use this table to compare hours available to hours needed.

Hours Needed for Activity 1	+ _____	Total Hours	_____
		Wkly hrs x wks (40x52=2080)	
Hours: Activity 2	+ _____	Subtract Vacation Hours	- _____
		# days x hrs (10x8=80)	
Hours: Activity 3	+ _____	Subtract Sick Hours	- _____
		# days x hours (12x8=96)	
Hours: Activity 4	+ _____	Subtract Holiday Hours	- _____
		Holidays x hours (9x8=72)	
Hours: Training	+ _____	Subtract Staff Meetings	- _____
		Mnthly hrs x mnths (6x12=72)	
Hours: Program Planning	+ _____	Subtract Supervision Hours	- _____
		Wkly hrs x wks (1x50=50)	
Total Hours Needed for Program	<div></div>	Total Hours Available for Program	<div></div>

*Full time equivalent

WORKSHEET 6.5b: Intervention Operating Costs

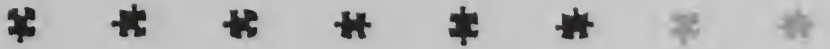
Direct Intervention Costs:

List all direct, program costs needed to implement your program (e.g. advertising, printing, food, travel, condoms). You do not need to include supporting/shared costs (e.g. rent, general supplies). Include only one intervention per worksheet.

Budget Category	Item Name	Cost	How Many
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Shared Cost Notes:

In this space indicate anything unusual about the space and/or materials needs of your program (i.e., training sessions will be held for 100 participants — may need to rent space to accommodate). If no notes are listed, the standard allocation rates will be applied.



WORKSHEET 6.5c: Program Capital Costs

Equipment Costs:

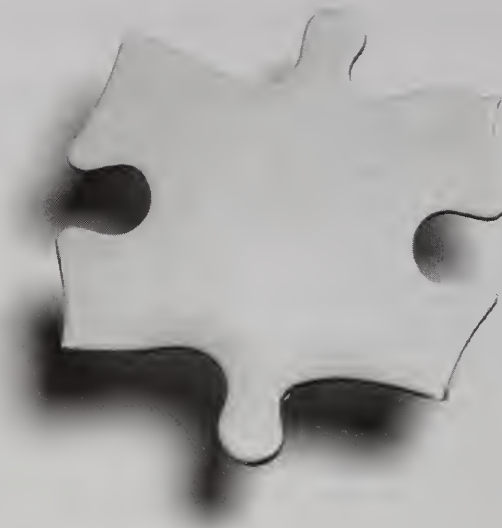
List all new equipment needed to implement your program (e.g. computer).

Item	Purpose/For What Intervention?	Cost	How Many
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Site and Facilities Costs:

Describe any new site(s) and/or facilities that will be required by the proposed program.

NOTE: If you want to create contingency budgets for different levels of program activity, please use a separate worksheet for each level.



CHAPTER III: TAKING THE STEPS

NOTE:

This is designed either to be read all at once, or as a reference on how to complete the program planning process and various worksheets. Not all the worksheets have been completed, only enough so that you could generally see how the planning process works.

A fictional case study

In a place called Middletown, USA, there was an agency named "Mosaic." Mosaic had a staff of 7 and was the only HIV agency in the area which targeted people of color. Mosaic's primary prevention outreach was conducted in bars, dance clubs, parks, and community events. Mosaic also provided case management to HIV+ individuals (peer counseling, referrals, assistance accessing medical care), HIV 101 and safer sex workshops, and support groups for HIV+ people.

Mosaic's Outreach Worker, Oli, was a young person of color with strong community relations. Oli successfully made about 50-100 contacts per week, distributed safer sex supplies, and maintained a visible presence throughout Middletown. Oli became recognizable enough that community members approached him for condoms and information.

Despite these successes, Oli learned that a young gay man who regularly accessed him in the field had recently tested positive. After seroconversion, this individual isolated himself, dropped out of the community, and did not go to Mosaic for HIV+ services. This was the second time that Oli heard of a case like this, and he decided to approach his supervisor Pat, the Program Director, for assistance.

In addition to this case, Pat had recently been contacted by the white partner of a person of color in Middletown, stating that the partner was HIV+, was reluctant to seek services at Mosaic, but did not feel comfortable at the larger agency in the area, "Mural." Putting these together with some other recent causes for concern, she prepared the following Problem Definition:



Case Study, Worksheet 2: Problem Definition

What is the overall target audience of your agency?	People of color in Middletown
What concerns/problems have sparked the need to plan a new program at this time?	<p>Several members in the gay youth community have tested positive recently, but don't seem to be comfortable accessing services, either at Mosaic or Mural. They also have a tendency to isolate themselves from the community, so we can't even figure out the reasons for this or let them know what is available to HIV positive people.</p> <p>Also, recent media stories have reported about the rise of new incidences of HIV, especially among people of color and youth. And the case managers said that recent treatment literature showed that people of color have not been accessing early intervention treatment.</p>
What members of your overall target audience are most affected by these concerns? (will be a sub-population of your overall audience)	Youth in general, but especially gay, bisexual and transgendered youth of color because they are the ones who are dropping out of their community of support. Oli works with many gay men, aged 14-23, but we don't have any specific services for them.
How do you currently provide services to this subpopulation? How do they respond?	Generally: For HIV+ people, Mosaic has case management services, one-on-one counseling, and support groups. Oli also provides them with safer sex information and information about getting tested through outreach at bars, dance clubs, parks, and community events. But there's nothing really just for gay youth of color.
Answer either how these concerns/problems: 1) put your target audience at risk for HIV? or 2) prevent your target audience from accessing existing HIV services?	I think that the youth don't call after testing positive because they don't know about the benefits of early intervention. I think that most of them don't get tested at all, and this may not help. Also, the gay youth in Middletown face so many pressures already that they need all the support they can get and dropping out of the community is just going to prevent this.
Why do you think it important for your organization to address this at this time?	This is not the first time that someone has become isolated after testing positive. After establishing good relations with someone, it's frustrating to have them drop out of sight right when they need the most support. The straight youth don't seem to have the same problem of isolating themselves so completely, at least several have come to Mosaic and Mural for counseling and other services. Also, Mosaic is the only agency in the area which has such a strong relationship with the youth of color in Middletown.

Pat presented the problem definition to Eddi, the Executive Director. They discussed conducting a needs assessment to learn why the gay youth of color in Middletown are 1) still seroconverting, and 2) not accessing services. Eddi is concerned about obtaining the funds to complete a thorough needs assessment, but felt the importance and urgency of Pat's concerns were justified.

Eddi approached the chair of the Board of Directors to discuss the needs assessment. There were no funds available, but a member of the board was a researcher and volunteered to assist in constructing assessment tools and in training the staff to organize focus groups.

Eddi presented this information to Pat, and the two of them sat down and worked out a plan to complete a needs assessment for little to no additional funds by using existing volunteers and scheduled outreach.

Pat and Oli began to assemble a Program Planning Team from current volunteers and clients, and the researcher/board member. Pat also asked for help from the local Community Planning Group (CPG). The CPG's coordinator didn't have any time to join the Team, but offered to provide Mosaic with their priority setting documents and copies of the research used in developing the CPG's list of priorities for Mosaic's community. She also said she would make herself available to talk to during the Needs Assessment process.

Oli developed a survey that he and the volunteers could use on their regular outreach route. They researched the community's level of knowledge about and use of safer sex, HIV testing, and treatments. They also researched what the community knows and thinks about Mosaic's currently available services.

Eddi found a graduate student from the local university's public health department who was interested in recording and analyzing the findings of the Program Planning Team. She incor-

porated the research as a term project and didn't request payment.

Within two weeks of beginning the needs assessment, and after reviewing all the written field interview reports, some trends started to appear. The Program Planning Team summarized these initial results:

Youth of color in Middletown:

- 1) Have generally high or adequate levels of accurate knowledge of safer sex practices
- 2) Are not consistently practicing safer sex
- 3) Are not getting tested regularly or at all for HIV
- 4) Don't trust the treatments available
- 5) See AIDS (and, by extension, seroconversion) as 100% fatal
- 6) Are contracting and getting treated for other STDs
- 7) Do not access longer term (multi-session) workshops or support groups except in crisis or when initially coming out

While these outcomes were informative, Pat realized they were still too vague to plan a program. She and Oli developed more in-depth surveys to find out more details about each answer. Also, the graduate research student discovered that the original notes of the outreach volunteers contained longer answers to each of the questions on the initial survey. These long notes were even more informative than originally thought, and together with the new surveys and outside research they gathered, they were able to complete comprehensive assessment worksheets.

Pat then used these Assessments to consult with her Program Planning Team about possible strategies to address the current crisis in the community. They prioritized targeting youth of color, but specifically gay youth because the Community Resources Survey showed there were no services for them anywhere in Middletown, and also because their primary mode of support was the very same community of which newly positive youth had been dropping out.



Case Study, Worksheet 4.1: Needs Assessment (sections a, b, d, e)

4.1a: Demographics

Ethnicity/ies of your target audience Mixed African-, Latino/a-, Asian-, Pacific Islander-, Native-American.	Source of information? Mosaic's mission statement.
Age range of your target audience under 23. So far all over 14.	Source? Mosaic's long-range plan definition of "youth"
Gender identity/ies of your target audience Male and Female. Some TG MTF & FTM, all pre-op and pre-hormone.	Source? Program Planning Team
Sexual orientation(s) of your target audience gay (TG and non-TG), lesbian (TG and non-TG), bisexual (TG and non-TG), and straight (TG)	Source? Program Planning Team, focus groups
Primary verbal and written language(s) of your target audience English	Source? Program Planning Team
Literacy level of your target audience (is this different in different languages?) mixed elementary, high-school and college	Source? focus groups, other service providers
How would a member target audience describe him/herself? as a gay person of color or a gay youth	Source? outreach worker field notes, focus groups
With what community/ies does your target audience identify? people who live in Middletown. gay youth. people of color.	Source? focus groups, PhD thesis of local graduate student in social work
Where does your target audience live? Anything significant about this? Throughout Middletown, mostly in East Middletown. Significant that East Middletown is primarily people of color, Mosaic Agency is located near East Middletown, and that youth mostly live with family.	Source? Program Planning Team, 1990 Census for Middletown
How many people in your target audience? 20,000 people of color. Gay youth subpopulation numbers unknown. % of the total population? 15%	Source? 1990 Census for Middletown
What is the range of income for your target audience? Family income: \$ 11,000 – 30,000/year	Source? 1990 Census
What is your target audience's rate of health care coverage? About 50% have consistent minimum health care coverage.	Source? Focus groups, case manager interviews.

4.1b: HIV risk

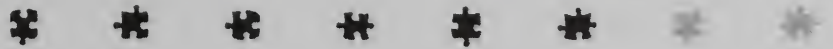
What specific behaviors put your target audience at risk for HIV? Unprotected penetrative and oral sex	Source of information? CPG priority setting documents, Social Work PhD thesis.
About what percentage of your target audience engages in these behaviors? 45% in last 6 months	Source? CPG priority documents, Social Work PhD thesis.
What are the co-factors which increase your target audience's risk for have for HIV? Alcohol use in conjunction with sex, societal discrimination, isolation	Source? outreach worker observations, CPG documents, interviews w/ recovery service providers
About what percentage of your target audience has these co-factors? 45%	Source? outreach worker surveys.

4.1d: Behavioral Research

What are barriers and facilitators to behavior change in your target audience? Workshops and groups are seen as for people who “really need help” or for when first coming out. Little benefit was seen from testing, also considered unnecessary as long as one “feels healthy.” Lack of knowledge of any benefits of early treatment. Confusion over changing messages of “safer sex,” especially around oral sex. Distrust of treatments and of medical establishment in general. HIV+ resources seen as primarily white and/or adult. No personal identification with HIV+ youth (“I don’t know any”)	Source of information? Outreach worker field notes, case manager interviews, Program Planning Team youth members.
What is the relationship between co-factors and behavioral risks specific to your target audience? over 80% of unprotected intercourse occurs in conjunction with alcohol intake	Source? Social Worker PhD thesis
What are social and peer norms around HIV in your target audience? No discussion or personal identification. Seen as an “adult problem.”	Source? Outreach worker field notes, Program Planning Team youth members
What interventions are effective at changing behavior in your target audience? Peer led conversations. Hands-on interactive, non-reading based. Group-level interventions very effective—if we can get people there.	Source? published behavioral research study on youth of color, service provider interviews, Mosaic’s own experience

4.1e: HIV KABB

What does your target audience know about HIV transmission? Basic knowledge: “you get it by having sex or shooting drugs.”	Source of information? client interviews, outreach worker field notes
What does your target audience know about methods for preventing HIV transmission? Fairly accurate, although not comprehensive: “you should wear a condom” “don’t share needles”	Source? client interviews, outreach worker field notes
What is your target audience’s opinion of those methods? Generally negative, although more often due to lack of hands-on experience. Youth felt that they would appear “stupid” when trying to use safer sex supplies. Frequent concerns about “slowing everything down” due to lack of experience. Also, most felt that they would have to be the “first to talk about it” and did not perceive peer support for setting limits or using safer sex. Some voiced confusion over multiple and changing messages on definitions of safer sex, particularly safer oral sex. (note: probing questions focused on sex, not needle use. Case worker and outreach worker interviews and CPG findings indicated this focus.)	Source? outreach worker field notes, client interviews
What is your target audience’s opinion of people living with HIV/AIDS? Many felt that AIDS was “100% fatal.” This was reinforced lack of personal experience with HIV+ people, and only identifying AIDS with late-stage disease progression. A majority expressed that they did not personally know anyone with HIV or AIDS.	Source? outreach worker field notes
What does your target audience consider “sex”? penetrative anal intercourse, penetrative penis/vagina intercourse. A majority included oral sex but referred to it separately. Lesbians included oral sex and penetration with fingers/hand in label “sex” but only in reference to sex between women.	Source? outreach worker field notes, case manager interviews, STD clinic provider interviews.
How consistently does your target audience engage in “safer sex” or “safer injection”? 60% of respondents indicated consistent use of safer sex or abstinence from sex in the previous six months. Note: a significant percentage of youth have not yet engaged in any form of sex (actual number not known)	Source? outreach worker field notes
If inconsistent, what motivates your target audience to engage in safer behavior? a majority felt that when a new partner is an adult, or is known for “sleeping around” (esp. with adults) that they would use/have used safer sex.	Source? outreach worker field notes, Program Planning Team youth members
What is your target audience’s assessment of their own level of risk? A majority felt that they were “generally o.k.” 100% of people who abstained from sex or had not yet had sex felt safe. 60% of people using safer sex consistently felt safe, although many expressed ambivalence about their safety around oral sex.	Source? outreach worker field notes, case manager interviews, STD clinic provider interviews



After reviewing the results of all the assessments, Pat created a goal statement and used a marketing mix compass to help her sort through the issues. She ended up creating different compasses for different products. This

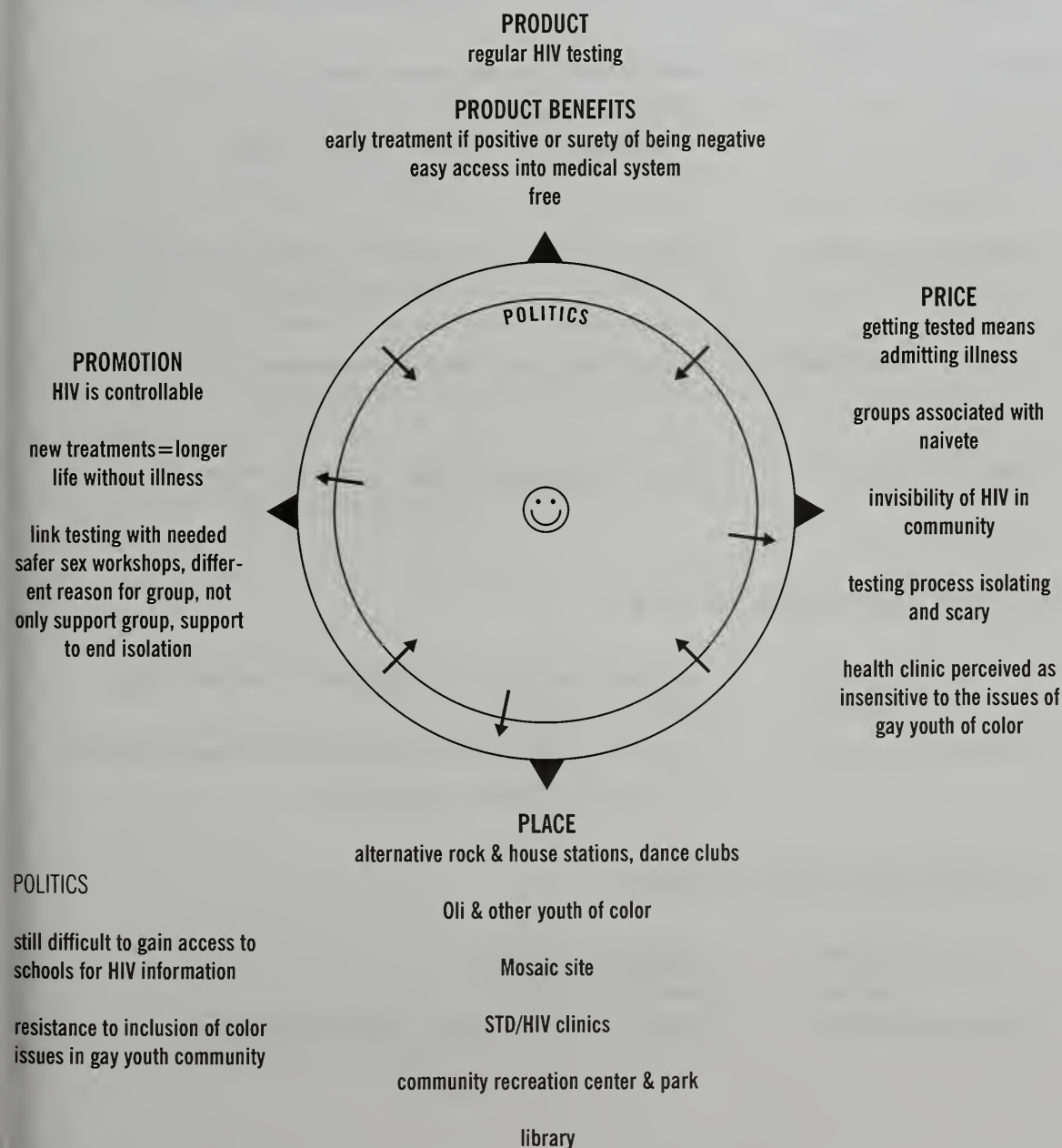
helped her see which ones could be linked together into a program. The program planning team along with Oli and the outreach volunteers then used these to brainstorm some possible program sketches.

Case Study, Worksheet 5.1: Goal Statement

The Goal of Our Program is:

to have more gay youth of color get tested more regularly
and to increase safer sex skill levels.

Case Study, Worksheet 5.2: Marketing Mix Compass



Case Study, Worksheet 5.3: Intervention Sketch

Our future program will	increase HIV testing and increase safer sex skill levels [your Goal]
by helping	gay youth of color [your Target Audience]
to	learn more information about the benefits of testing & get hands on experience with the materials of safer sex [do specific behaviors/your Product]
Through our future Promotion we must increase	<ul style="list-style-type: none"> —the knowledge and positive perception of new treatment options —feeling of control over one's life —idea that HIV is controllable [perceived benefits of your Product]
and/or reduce	<ul style="list-style-type: none"> —the sense that getting testing means admitting that you're sick —services are only for those who are just coming out —the perception that HIV is not in a community concern [barriers in Price or Politics]
To do this we will provide	public forums, media stories, brochures, and advertising featuring gay youth of color. [a specific intervention]
in/at/through	the dance clubs and alternative & house radio stations [Place]
We are basing this choice upon	Community Level Intervention Models, Social Cognitive Theory [Methodology or Theory]

Case Study Intervention Sketch #2

To do this we will provide	multi-session "testing cluster" workshops linked to safer sex education
in/at/through	Mosaic's meeting space
We are basing this choice upon	Group Level Intervention Models, Freirean Empowerment Theory, Health Belief Model, Social Networking and Support Theory

Case Study Intervention Sketch #3

To do this we will provide	Prevention Case Management
in/at/through	dance clubs, bars, parks
We are basing this choice upon	Individual Level Intervention Models, Stages of Change Theory



Oli and the outreach volunteers began talking to the community about the possibility of creating these programs. They reported back about whether or not people understood the concepts and what levels of interest were shown.

At the same time, Pat began to approach Mural HIV/AIDS Services, the HIV testing sites, and STD clinics to measure their support for each program. Pat also began to investigate which of these program structures had been tried successfully in other places or with other target populations.

Eddi looked at what sources were available to fund these programs.

Pre-testing supported the decision to choose the group level intervention: Multi-session Testing Cluster Workshops. The youth were interested in receiving more support around the decision to take an HIV test, and some more interactive education in staying safe. They also responded well to being approached by peers, but expressed hesitation around having peer leaders know outcome of HIV tests (Pat noted this for final program plan). Mosaic's case managers saw the Workshops as a way to achieve some of their major goals: early detection of HIV and early enrollment in HIV services for the newly seroconverted. Eddi indicated that this sort of intervention is supported by current funders, the local CPG, and the CDC.

The local STD/HIV clinic welcomed the additional counseling support for people who were getting tested. Their only concern was that the possibility that they may need "cultural competency" training and support to handle the increased number of gay youth of color from Mosaic. Pat and Eddi agreed to include this input into the program plan.

Some potential collaborators emerged through this process: pre-/post-test counseling trainers, treatment option trainers, HIV/STD clinic for testing and referrals, community recreation center teachers, bar owners/managers, outreach workers/case managers/support group facilitators at Mural, school counselors, librarians.

Now Pat had to fully describe how the program would work and how to evaluate it. This phase is critical for three main reasons: 1) To confirm that the program is reasonable and possible for your agency to execute, 2) To identify in advance what stages you will need to bring in outside assistance (e.g. training, references, advertising), and 3) To determine who you should approach for funding and how you would describe it to them (and to your grantwriter).

Case Study, Worksheet 6.1: Interventions, Process Objectives & Outcome Objectives

6.1a: INTERVENTION

What is a shorthand description/name for your Intervention?

Testing Cluster Workshops: Multi-session workshops to increase community access of HIV testing, positive peer norms of safer sex, knowledge of HIV

Please write a full description of your intervention.

Community members will be recruited to attend three-session workshops centered on HIV testing. Each set of workshops will be referred to as a "Testing Cluster." The first session will be held prior to the HIV-antibody test, the second will occur during the waiting period, and the third will occur after receipt of HIV-antibody test results. Workshop participants will be given the option of choosing individual counseling in lieu of attending the third group. Workshop sessions will address: fears and concerns about HIV-antibody testing, assessing and controlling HIV exposure risk, safer sex and safer injection practices, the interaction of drug use and HIV risk, the interaction of HIV and other STDs, and other psychosocial co-factors such as dating concerns, etc.

What is the structure of this intervention? **facilitated closed workshops**

How long will each one last? **2 hours**

Where do you intend to offer the intervention? **at Mosaic, at peer educator's homes, at the community rec center**

How will you document that this intervention has been completed?

Workshop facilitator's activity log, participant's sign-in sheet, completed pre-/post-tests.

Will this intervention lead the participants to utilize any other services at the organization? Which?

case management, one-on-one counseling

Will this intervention lead the participants to utilize services at any other organization? Which?

HIV testing clinic at the local health center

Will this intervention be offered in collaboration with another organization? Which? (MOU?)

with the STD/HIV testing clinic

What is the methodology and theory behind this intervention?

Group level intervention model, Health Belief Model, Social Support and Networking Theory

What barriers/Price/negative Politics will this intervention overcome?

association of groups with crisis, isolation around testing process, perceived insensitivity of health clinic to needs of gay youth of color, perception of HIV as adult concern, lack of comprehensive knowledge of HIV and safer sex

What Product benefits will this intervention promote?

early treatment if positive, surety if negative, easy access into medical system, increased knowledge

Have you identified other Promotions? What are they?

linking testing with needed safer sex workshops, peer support, reduce isolation of the testing process, HIV as a controllable disease, early intervention also for p.o.c.



6.1b: PROCESS OBJECTIVE

How many times will this intervention happen in one grant year? **10 testing clusters, 5 each in 2 6-month cycles**

When will you begin offering this intervention? **2nd month of the grant cycle for peer eds, 3rd for public**

When will you complete this intervention? **end of the grant year**

How many members of your target audience do you intend to have attend each intervention? **6-8**

How many participants total do you intend to have participate in your intervention in one grant year? **60-80**

Who will be responsible for achieving this objective? (Their job title) **Workshops Program Coordinator**

How will you document participation in the intervention?

sign-in sheets using anonymous testing numbers, compare with testing site's log, case managers follow-up one-on-one also documented using anonymous testing numbers

6.1c: OUTCOME OBJECTIVE

What behavior change is the target of the intervention?

increased HIV testing & follow through with counseling either one-on-one or group, increased knowledge of HIV, increased self-efficacy around HIV testing, increased safer sex skill level

What about the behavior do you intend to change? (e.g. the number of people engaging in this behavior, the frequency that an individual will engage in this behavior, the location of the behavior)

the number of people getting tested & the number of people picking up test results and getting counseling

How many people, who participate in your intervention and then engaged in the desired behavior change would it take for the outcome objective to be successful? (numbers or percentage of total) **80%, 45-60 individuals**

How will you measure this change? What evaluation tools will you use? What baseline will you measure your success against?

pre/post tests of HIV KABB administered prior to and upon completion of Testing Cluster Workshops

compare intervention participation logs against:

current information from HIV testing clinic rates of people neglecting to pick-up test-result

approximated seroprevalence rate from local Health Department against estimated number of youth who have been tested (drawn from outreach worker field notes & STD/HIV clinics)

baseline number of gay p.o.c. youth currently receiving services at Mosaic and Mural agencies

When will you complete this outcome objective? **measured at the end of each 6 month cycle.**

Who will be responsible for achieving this objective? (Their job title) **Workshops Program Coordinator**

NOTE: There are two interventions in this program plan. Here are the worksheets for a 2nd intervention which leads into the Testing Cluster Workshops.

6.1a: INTERVENTION #2

What is a shorthand description/name for your Intervention? **Peer Education Program for Testing Cluster Workshops**

Please write a full description of your intervention.

Gay youth of color will be recruited to become peer educators for the testing cluster workshops. They will conduct outreach to the community to bring individuals into Testing Cluster informational meetings at Mosaic. Outreach will consist of in-depth conversations with community members in the field about Mosaic and the Testing Clusters. Peer educators will also be the participants in the first testing cluster of each cycle, and will review the program for possible changes.

What is the structure of this intervention? **in-depth field interviews**

How long will each one last? **10 minute minimum conversations**

Where do you intend to offer the intervention? **at the community rec center, dance clubs, bars, parks, STD clinic**

How will you document that the intervention has been completed? **exit interviews, peer ed time sheets, field notes**

Will this intervention lead the participants to utilize any other services at the organization? Which? **Testing Cluster informational meetings**

Will this intervention lead the participants to utilize services at any other organization? Which? **none specifically**

Will this intervention be offered in collaboration with another organization? Which? (MOU?)

with bar owners, dance club owners, STD clinic, community rec center

What is the methodology and theory behind this intervention?

Street and community outreach, Freirean empowerment model, Social Support and Networking Theory

What barriers/Price/negative Politics will this intervention overcome? **association of groups with crisis, perception of HIV as an adult concern, lack of information about available services at Mosaic**

What Product benefits will this intervention promote? **early treatment if positive, surety if negative, easy access into medical system**

Have you identified other Promotions? What are they? **linking testing with needed safer sex workshops, peer support, reduce isolation of the testing process, HIV as a controllable disease, early intervention also for p.o.c.**

6.1b: PROCESS OBJECTIVE #2

How many times will this intervention happen in one grant year? **2**

When will you begin offering this intervention? **month 1 of the grant cycle**

When will you complete this intervention? **2 6-month cycles**

How many members of your target audience do you intend to have attend each intervention? **4**

How many participants total do you intend to have participate in your intervention in one grant year? **8**

Who will be responsible for achieving this objective? (Their job title) **Peer Education Program (PEP) Supervisor**

How will you document participation in the intervention?

Peer eds will keep timesheets, trainings will have sign-in sheets. When peer eds participate in Testing Cluster, documentation will be the same as for public participation.



6.1c: OUTCOME OBJECTIVE

What behavior change is the target of this outcome objective? **increased self-efficacy around HIV testing, knowledge of HIV, increased safer sex skill level**

What about the behavior do you intend to change? **peer norm around the HIV testing, level of knowledge**

How many people would it take who participate in your intervention and then engaged in the desired behavior change for the outcome objective to be successful? (numbers or percentage of total) **7 of 8 educators**

How will you measure this change? What evaluation tools will you use? What baseline will you measure your success against?
an entrance interview will be conducted to select peer educators. An exit interview will be administered at the end of the 6 month cycle. A pre-test will be administered to the peer eds prior to the HIV testing cluster workshops. A corresponding post-test will be administered at the end of the testing cluster workshops. Peer Eds will keep field notes which will be collected and evaluated by the PEP supervisor.

When will you complete this outcome objective? **in 2 6-month cycles**

Who will be responsible for achieving this objective? (Their job title) **PEP Supervisor**

Case Study, Worksheet 6.4: Staffing Plan

What is the job title for this position? **Workshops Program Coordinator**

If this person is already on staff or if a candidate has already been identified, what is this person's name?

If a staff position, will this person be full-time, 3/4 time, 1/2 time, other? **.75 time**
From when to when will they be involved in the program? (give in months or the quarters) **12 months**

If a staff position, what will this person's annual, full-time salary be? **\$ 22,000**
(If they are working less than full time, they will receive the corresponding percentage of this total amount).
Briefly describe this person's role in the program and the amount of time/week that will be spent on the following:
What will be their primary responsibilities?
facilitate the Informational and Testing Cluster workshops (20 2-hour informationals, 30 2-hour clusters), conduct one-on-one counseling with workshop participants and peer eds as necessary (2 hours/week), supervise the Peer Education Program Supervisor (1 hour/week), monitor program, conduct evaluations
Who will they be working with?
Will they supervise anyone? **PEP Supervisor**
Will they be responsible for any part of the coordinating or collaborating relationships? **Supervising relationship with STD/HIV clinic**
What role will they play in evaluating the program? **Main collector of evaluations**

What will be the required and preferred qualifications on this hire?
Priorities: skills experience in handling groups and one-on-one interventions

What types of training will this person need to succeed in this position?
cultural competency, individual supervision training, HIV pre-/post-test counseling, evaluations

Who (what position) will this person report to? **Program Director**

What is the job title for this position? **Peer Education Program Supervisor**

If this person is already on staff or if a candidate has already been identified, what is this person's name?

If a staff position, will this person be full-time, 1/2 time, 3/4 time, other? **1.0 FTE**

From when to when will they be involved in the program? (give in months or the quarters) **12 months**

If a staff position, what will this person's annual, full-time salary be? **\$ 18,000**

(If they are working less than full time, they will receive the corresponding percentage of this total amount).

Briefly describe this person's role in the program and the amount of time/week that will be spent on the following:

What will be their primary responsibilities?

oversees the recruiting, hiring, training, and supervision of Peer Educators, coordinating bi-annual trainings including locating and securing appropriate trainers, facilitating bi-weekly Peer Ed meetings, collecting Peer Ed field notes

Who will they be working with?

Will they supervise anyone? **Peer Educators**

Will they be responsible for any part of the coordinating or collaborating relationships?

What role will they play in evaluating the program? **collector of Peer Ed field notes, recording and evaluating supervisions with Peer Eds**

What will be the required and preferred qualifications on this hire?

Priorities: knowledge of the gay p.o.c. community, supervision experience

What types of training will this person need to succeed in this position?

outreach methodology, specific disease progression on HIV and STDs (ongoing), evaluations, pre-/post-test counseling

Who (what position) will this person report to? **Workshops Program Coordinator**

Pat sat down to fill out the program budget worksheets, but found that she could only get so far on her own. She asked Mosaic's Financial Wizard, Mory, to help, and together they completed this information. Mory then completed the rest of the budget information to hand off to Eddi, who was going to write the next grant application.



Case Study, Worksheet 6.5a: Personnel Costs

Program Staff

Title	FTE *see below	Salary	Dates
1. Workshops Program Coordinator	.75 FTE	\$22,000	7/1-6/30
2. Peer Education Program Supervisor	1.0 FTE	\$18,000	7/1-6/30

Shared Staffing Notes:

In this space indicate anything unusual about the shared/supporting staff needs of your program.

Program Director and/or Case Manager may be required to provide cultural sensitivity trainings to STD/HIV clinic workers

Consultants

List all consultants needed to implement your program.

Title	No. Hours/Days	Rate	Dates
1. Training Consultants	24 hours	\$50.00	7/1-7/31 1/1-1/31
2. Graphic Designer (flyers)	10 hours	\$75.00	7/1-8/31

FTE Calculation

To verify that FTE is sufficient for the program use this table to compare hours available to hours needed.

Hours Needed for Activity 1 hire/train/supervise PEP	+250	Total Hours Wkly hrs x wks (40x52=2080)	2080x.75 =1560 hrs.
Hours: Activity 2 program evaluation	+400	Subtract Vacation Hours # days x hrs (10x8=80)	-80x.75=60
Hours: Activity 3 facilitate workshops	+200	Subtract Sick Hours # days x hours (12x8=96)	-96x.75=72
Hours: Activity 4 client work	+100	Subtract Holiday Hours Holidays x hours (9x8=72)	-72x.75=63
Hours: Training supervision training	+80	Subtract Staff Meetings Mnthly hrs x mnths (6x12=72)	-6x12=72
Hours: Program Planning program planning/coordination	+200	Subtract Supervision Hours Wkly hrs x wks (1x50=50)	-1x50=50
Total Hours Needed for Program	1230 hours	Total Hours Available for Program	1243 hours

Case Study, Worksheet 6.5b: Intervention Operating Costs

Direct Intervention Costs:

List all direct, program costs needed to implement your program (e.g. advertising, printing, food, travel, condoms). You do not need to include supporting/shared costs (e.g. rent, general supplies). Include only one intervention per worksheet.

Budget Category	Item	Cost	How Many
1. peer educators	stipends	\$500 each	8 peer eds
2. workshop expense	food for workshops	\$25/session	50 workshops
3. training expense	food space rental transportation	\$200/training \$50/training \$50/training	2 trainings
4. program supplies	condoms, lube, educational materials	\$50/month	12 months
5. local travel	staff & peer ed. travel	\$50/month	2 staff + 4 peer eds x 12 months
6. non-local travel	NMAC conference	\$300 RT airfare \$400 per diem (hotel & food)	2 staff
7. staff training	Conference fees, training manuals, local trainings		

Case Study, Worksheet 6.5c: Program Capital Costs

Equipment Costs:

List all new equipment needed to implement your program (e.g. computer).

Item name	Purpose/ For which intervention?	Cost	How Many
1. Computer (used PowerPC, monitor, modem)	e-mail to peer eds, online research data, flyer layout, word processing	\$2,000	1



CHAPTER IV: FOR THE FINANCE WHIZ

CHAPTER IV:

Step 7. Program Budgeting

7.1 Program Budgeting

Program Activity Budgeting is a method of making a realistic estimate of the cost of a program, especially when estimating expenses for a new program. In this method, the first step is completing the worksheets from Step 6 which list all activities or tasks required by the program, the amount of time it will take to complete each task, and staff position assigned. There are three types of costs associated with programs and projects:

Project-specific (direct) costs:

These are costs that are easily identified with one program, such as the program coordinator's salary, the rental fee for a booth at a street fair or printing charges for the program brochure. These costs are often the easiest

for the program planner to identify, estimate, and list on the worksheets from Step 6.6.

Shared (indirect) costs:

These are costs that benefit more than one program, and are NOT easily identified with one program. Shared costs include the program director's salary, the rent and utilities, and the cost of printing a safe sex brochure that many programs distribute.

Overhead (indirect) costs:

These are costs associated with administration and fundraising. These costs include the development director's salary, the food at board meetings, and the cost of printing the invitation to a silent auction.

It is a good idea to (1) analyze and document shared and overhead costs, (2) share your findings with the program staff, and (3) use a consistent way to allocate shared and overhead costs to all programs.

Case Study, Worksheet 7.1: Shared/Overhead Cost Analysis

Salaries	280,000	Average Salary = \$28,000	FTE = 10 (basis for allocation)
Benefits	<u>67,200</u>	Benefits Rate = 24%	
Total Personnel	347,200		
Occupancy	32,000	Full expense is shared. Shared cost/FTE = \$3,200	
Supplies/Postage	22,000	Shared = \$17,000/year; Program = \$5,000. Shared cost/FTE = \$1,700	
Equipment/Telephone	23,000	Full expense is shared. Shared cost/FTE = \$2,300	
Travel/Program	15,000	Shared = \$2500/year; Program = \$12,500. Shared cost/FTE = \$250	
Training/Meetings	<u>5,000</u>	Shared = \$1,000; Program = \$4,000. Shared cost/FTE = \$100	
Total Operating	97,000		
Total Expenses	444,200	Administration/Fund Raising Budget = \$65,850	
		Overhead Cost Recovery = 15% of program and shared costs.	

Once you have identified the organization's shared and overhead costs, you can review this information with the program planner and begin to forecast the costs associated with the new program. At this point you will use both the program-specific costs, provided by the program planner on worksheets 6.5a,b,c, and the shared and overhead costs from your analysis (worksheet 7.1). The result is a program budget worksheet which includes program (direct), shared (indirect), and overhead (indirect) costs.



Case Study, Worksheet 7.2: Program Budget Worksheet

Personnel Required:	Title	Salary	FTE	TOTAL
Direct Staff:	Workshop Program Coordinator	22,000	0.75	16,500
	Peer Education Program Coord	18,000	1.00	18,000
Shared Staff:	Program Director	32,000	0.15	4,800
	Administrative Assistant	21,000	0.15	3,150
Total Salaries				42,450
Total Benefits Rate = 24% of salaries				10,188
Total Personnel			2.05	52,638
Occupancy				
Direct:	N/A		N/A	0
Shared:	Cost/FTE = \$3,200		2.05	6,560
Supplies/Postage				
Direct:	Program Supplies (\$50/mo)		N/A	600
Shared:	Cost/FTE = \$1,700		2.05	3,485
Equipment/Telephone				
Direct:	N/A		N/A	0
Shared:	Cost/FTE = \$2,300		2.05	4,715
Travel/Program				
Direct:	Local Travel (6 staff/eds @ \$50/mo)		N/A	3,600
	Stipends (8 peer eds X \$500)		N/A	4,000
	Non-local Travel (NMAC)		N/A	1,400
Shared:	Cost/FTE = \$250		2.05	513
Training/Meetings				
Direct:	Staff Training: \$500/person (2 staff)		N/A	100
	Workshops: 50 sessions @\$25		N/A	1,250
	PEP Training: 2 sessions @ \$300		N/A	600
Shared:	Cost/FTE = \$100		2.05	205
Total Operating				27,028
Capital Expenditures				2,000
Total Direct and Shared Costs				81,666
Total Overhead Costs (15% of Direct and Shared Costs)				12,250
TOTAL Costs				93,915

There are considerations other than cost when deciding whether to take on a new program. After determining costs, identify the amount and source(s) of revenue and benefits, if any, associated with the objective. Use this revenue information, along with data regarding direct

service benefits and intangible benefits accrued, to do some cost/benefit analysis. You may also wish to include a feasibility assessment of the program, such as looking at the assumptions, risks, and other considerations, before deciding to undertake it.

7.2 Contingency Budgeting

Organizations may find it helpful to calculate the costs of operating a program at different levels of activity. Not one, but two (or more) budgets can be developed. The first assumes that the program will be cut back to provide the minimum level of service to which the organization is irrevocably committed; this becomes the base cost. The second level assumes additional service with corresponding additional costs. The assumption is often made

that increasing the level of activity results in decreasing the total cost/service unit.

Estimating expenses for programs at different levels can reveal the level with maximum economies of scale; this level may actually be lower than expected.

At this point, you and the program planner will need to discuss possible scenarios that might consider different staffing and activity levels. Ideally, you and the program planner would complete Worksheets 6.5a,b,c for each scenario.

Case Study, Worksheet 7.3: Program Contingency Worksheet

		Scenario1		Scenario2	
Personnel Required:	Title	FTE	TOTAL	FTE	TOTAL
Direct Staff:	Workshop Coordinator	0.75	16,500	0.50	8,250
	PEP Coordinator	1.00	18,000	0.75	13,500
Shared Staff:	Program Director	0.15	4,800	0.05	1,600
	Admin Assistant	0.15	3,150	0.05	1,050
Total Salaries			42,450		24,400
Total Benefits			10,188		5,856
Total Personnel		2.05	52,638	1.35	30,256
Occupancy					
Direct:	N/A	N/A	0	N/A	0
Shared:	Cost/FTE = \$3,200	2.05	6,560	1.35	4,320
Supplies/Postage					
Direct:	Program Supplies	N/A	600	N/A	300
Shared:	Cost/FTE = \$1,700	2.05	3,485	1.35	2,295
Equipment/Telephone					
Direct:	N/A	N/A	0	N/A	0
Shared:	Cost/FTE = \$2,300	2.05	4,715	1.35	3,105
Travel/Program					
Direct:	Local Travel	N/A	3,600	N/A	480
	Stipends	N/A	4,000	N/A	2,000
	Non-local Travel	N/A	1,400	N/A	700
Shared:	Cost/FTE = \$250	2.05	513	1.35	338
Training/Meetings					
Direct:	Staff Training	N/A	100	N/A	1,500
	Workshops	N/A	1,250	N/A	750
	PEP Training	N/A	600	N/A	600
Shared:	Cost/FTE = \$100	2.05	205	1.35	135
Total Operating			27,028		16,523
Capital Expenditures			2,000		2,000
Total Direct and Shared Costs			81,666		48,779
Total Overhead Costs (15% of Direct and Shared Costs)			12,250		7,317
TOTAL Costs			93,915		56,095



CHAPTER V: FOR THE GRANTWRITER

CHAPTER V:

Step 8. Proposal Writing

The Program Planner and Financial Wiz have just finished the first seven steps of the Program Planning process. At this point, they have produced a program plan including a problem definition, needs assessment, intervention design, goals and objectives, activities timeline, staffing plan, plan of coordination and collaboration, evaluation plan, and budget.

The next step in the planning process, and the final step before the project can be implemented, is to raise funds to pay for it all. More often than not, this will involve submitting a proposal to a potential funder as part of a competitive grant process. Funding sources in the private sector include corporations and foundations. However, this section will focus on writing a grant proposal to a *public* funding source such as your local or state health department or a federal agency such as the Centers for Disease Control and Prevention or the Office of Minority Health. This section is written for you, the *Grantwriter*; the lucky one who gets to write the proposal.

8.1 What Is a Proposal?

A grant proposal is a targeted request designed to secure resources from a funding source for the purpose of implementing and evaluating the proposed project. It is a narrative presentation of the program plan and budget created by the *Program Planner* and *Financial Wiz*, specifically designed to appeal to the priorities of the funder and adhere to guidelines set out in a “request for proposals” or “RFP.”

Is a proposal a program plan? *Yes*. Then is proposal writing also program planning? *No*.

People often confuse proposal writing with program planning and many times end up substituting proposal writing for the program planning process itself; in other words, they plan as they write. The problem is that proposal writing and program planning serve two very different purposes and require two unique sets of skills to be done well. Program planning is a strategic process which aims to create and evolve programs to meet the changing needs of a target audience. Proposal writing is a tactical process which aims to secure a targeted

amount of funding to implement these programs. In other words, writing a proposal is merely a step in the larger program planning process.

8.2 Who Writes the Proposal?

Chances are, you, the grantwriter, are one of the following: 1) the Program Planner or Director, 2) an outside consultant (that is, a grantwriter for hire) or 3) an in-house grantwriter, who is part of the applicant's Development or Fundraising team. In any event, your purpose as the grantwriter is to turn the program plan and budget created by the program planner and financial wiz into a proposal. To do this, you will work very closely with both of these people. After all, your job is not to write about your plan, but to write about theirs.

Like the program planning process itself, proposal writing is a team process. One of your first tasks as a grantwriter will be to create your proposal writing team and obtain input from a variety of sources. From the program planner you need to get a description of agency capabil-

ity, target population profile, needs assessment and program plan; from finance, a program budget; from development, a profile of the funder and its priorities; from administration, support documentation and administrative backup; and from the executive director, board support and executive approval. Of all these players, the program planner is the most central.

8.3 The Proposal Writing Process

Part of your responsibilities will be to coordinate the proposal writing process. This includes defining clear roles and responsibilities and setting up a timeline which includes multiple drafts and opportunity for feedback. The process will involve: 1) gathering information from the program planner and the financial wiz, 2) drafting the proposal narrative based on this information, and 3) circulating intermediate drafts for review and feedback. A proposal can be written in just one iteration of this cycle, but two or more cycles is recommended. The following timeline illustrates how a three cycle process can be scheduled comfortably in a two month period:



Table 8.1: Sample Proposal Writing Timeline

STEP	WHO	TASK	DATE
RFP Solicitation Arrives	Fundraising	Circulate RFP to Proposal Team	wk1
Form Proposal Team	Executive Director Agency Management	Identify Grantwriter, Program Planner, Finance Wiz and support staff from Fundraising and Administration	wk2
Initial Meeting	Proposal Team	Assign Roles & Responsibilities; Create Timeline and Checklist; Bring Worksheets/Boilerplate for Grantwriter	wk2
Bidder's Conference	Fundraising Program Planner Grantwriter	Clarify RFP guidelines Assess Funder's Priorities Identify Potential Collaborators	wk3
Program Meeting	Program Planner Grantwriter	Review or fill out Worksheets 2, 4.1(a,b,c,d,e), 4.2, 4.3, 4.4, 4.5, 5.1, 5.2, 5.3 (final), 6.1(a,b,c,d), 6.2, 6.3, 6.4. Identify Collaborators, Plan LOAs / MOAs /Subcontracts Agree upon Program Scale	wk3
Budget Meeting	Finance Wiz Grantwriter	Draft Program Budget including program costs, shared costs and overhead costs using Worksheets 6.5(a,b,c), 7.1 and 7.2.	wk3
Administrative Meeting	Administration Grantwriter	Assign collection and collation of support documents including evidence of collaboration and application forms	wk3
1st Draft	Grantwriter Program Planner	Write 1st Draft including: Goals & Objectives, Program Plan, Needs Assessment and Budget Sketch; Submit to Proposal Team for review	wk4
Feedback Meeting 1	Proposal Team	Provide feedback on 1st Draft (content only). Reassess proposal writing timeline	wk5
Program Meeting 2	Program Planner Grantwriter	Flesh out Program, Staffing, Coordination & Collaboration, and Evaluation Plans and rewrite boilerplate on Target Population and Applicant Capability	wk6
2nd Draft	Grantwriter Program Planner	2nd Draft should include all proposal sections (except the executive summary or abstract) and should be complete in terms of content; Submit to Proposal Team for review	wk6
Feedback Meeting 2	Proposal Team	Provide feedback on 2nd Draft (both content and style) Make final budget adjustments; Identify outside reviewers.	wk6
Final Draft	Grantwriter	Edit for style, consistency and logical cohesion; Write executive summary/abstract; Create Table of Contents and Bibliography (References)	wk7
Final Review	Proposal Team Outside Reviewers	Circulate final draft to outside reviewers for "scoring"	wk7
Final Push	Grantwriter Administration Executive Director	Make final edits; Write and sign cover letter; Collate final document with all appendices, attachments and supporting documentation; Number, xerox, and mail final application	wk8

PROBLEM SOLVING: Be sure to understand each RFP's specific criteria requirements

The identified criteria in this report may not encompass all the criteria funders may use. Proposal writers should have a clear understanding of the meaning of whatever criteria are set by the funder in advance. If it has not been explained in the RFP, applicants are advised to call the funder directly for clarification.

8.4 What Do Funders Look for?

[Adapted from USCM HIV AIDS Program, Technical Assistance Reports: "Proposal Writing for HIV/AIDS Prevention Grants."]

To write a successful proposal, it is important to know what funders want. Above all, funders want to make grants to organizations that will carry out effective programs. When writing a proposal, you must convey that the proposed program is necessary and will be successful. A well-written proposal for a weak or unnecessary program or a poorly written proposal for a dynamic program will cause funders to question the capability of the applicant.

Typically, funders use a point system to rank proposals. In most instances, this ranking is based on the following criteria:

1) organization capacity; 2) feasibility of objectives and workplan; 3) appropriateness of activities/interventions; 4) past and present collaborative efforts; 5) evaluation. Usually Requests for Proposals/Applications (RFP/A) specify maximum point values for each of these criteria.

Capacity & Experience. The proposal should reflect how the applicant's organizational capacity and experience in providing services to the target population will facilitate implementation of the program. Criteria include: Administrative capacity; linkages with the target population and representation on board and staff; cultural competence and linguistic capacity; experience with HIV/AIDS prevention work and behavior change methodologies; long-range plan for continued funding or support; utilization of volunteers; evaluation of past program performance, quality of service and impact.

Feasibility of Objective and Workplan.

The proposal should reflect realistic, attainable objectives and a detailed manageable workplan which is consistent with the objectives. Criteria

include: objectives that are specific, time-phased and measurable; a clear workplan with a timeline and activities tied to objectives; feasibility of staffing plan including recruitment and training; consistency between budget and objectives; staff expertise.

Appropriateness of Activities/Intervention. The proposal should 1) reflect an understanding of the HIV/AIDS prevention needs of the target population; 2) describe the specific intervention methods to be used in educating the target population; and 3) justify why these methods are relevant to meet the stated HIV/AIDS prevention needs. Criteria include: clear need for program and complementarity with existing services; cultural, social and linguistic appropriateness; innovation; and involvement of the target population in assessment, design, testing, delivery and evaluation of the program.

Collaboration. The proposal should reflect an awareness of existing HIV/AIDS prevention efforts by other organizations in the area, and establish or propose collaboration with other local or state public and private organizations concerned about AIDS. Criteria include: past collaborative efforts; role of collaborating agencies in the proposed project; process for initiating, managing and evaluating collaboration; evidence of collaboration (letters or memoranda of agreement).

Evaluation. Here, the proposal should describe the information and data that will be collected to determine whether objectives have been met. Criteria include: appropriateness of evaluation methods for the target population and interventions; feasibility of proposed evaluation methods; likelihood that evaluation methods will measure program effectiveness.

8.5 The Logical Structure of Proposals

A proposal can be divided into upwards of twelve separate sections. Though there is a



common understanding of what should go in each section, each request for proposal will have its own guidelines as to what should appear in each section and how this content should be presented. Always adhere to these guidelines.

A proposal starts with an overall summary, a description of the applicant, and a description of the target population with a definition of the problem. The core of the proposal follows and includes the needs assessment, a statement of goals and objectives and the program plan. The proposal then concludes with a detailed plan of implementation consisting of staffing, collaboration and evaluation plans and a detailed project budget.

What most people don't realize (but most successful grantwriters do) is that the order in which a proposal is read is not the order in which it is best written. Instead of beginning with the summary or introduction, start with the most project-specific part of your proposal: the objectives. Draft these along with the

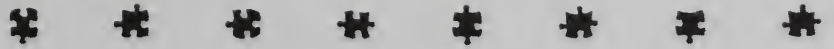
Program Plan and Needs Assessment to complete the core of your proposal. Then move either forward through the implementation plan or backwards through the introduction to complete the remaining parts of your proposal.

The reason for doing this is simple. The core is the logical center of your proposal. What follows in the implementation plan is simply a detailed description of what the applicant will do to accomplish the objectives and program plan presented in the core. What precedes in the introduction is the background information that underlies the needs assessment or justification for the proposed project, including the reason why the applicant is the right choice for the project.

The following table outlines a logical order you can use to guide your writing process. As you read through each section, the Worksheets listed will help you gather and organize the information you'll need from the program planner or financial wiz.

Table 8.2: Proposal Logic Table

Writing Order	Reading Order	Proposal Section	Worksheet	Information Source / Co-Author
1	6	Goals & Objectives	Worksheet 5.1 Goal Statement Worksheet 6.1(a) Intervention, Process and Outcome Objectives	Program Planner
2	5	Needs Assessment	Worksheet 4.1(a,b,c,d,e) Needs Assessment Worksheet 4.2 Environment Assessment Worksheet 4.3 Political Assessment Worksheet 4.4 Community Resource Inventory	Program Planner
3	7	Program Plan & Methods	Worksheet 5.2 Program Mix Compass Worksheet 5.3 Intervention Sketch Worksheet 6.1(a,b,c) Intervention, Process and Outcome Objectives Worksheet 6.1(d) Intervention Activities and Timeline	Program Planner
4	10	Evaluation Plan	Worksheet 6.3 Evaluation Plan	Program Planner
5	8	Staffing & Organization Plan	Worksheet 6.4 Staffing & Training Plan	Program Planner
6	9	Plan of Coordination & Collaboration	Worksheet 6.2 Coordination & Collaboration Plan Worksheet 4.5 Agency Capability Quest. from Collaborating Partners	Program Planner
7	11	Budget Justification	Worksheet 6.5(a,b,c) Personnel, Intervention, and Capital Costs Worksheet 7.1 Shared & Overhead Cost Allocations Worksheet 7.2 Program Budget	Finance Wiz Program Planner
8	4	Target Population	Worksheet 2 Problem Definition Worksheet 4.1 Needs Assessment Worksheet 4.2 Environment Assessment	Program Planner
9	3	Applicant Background & Capacity	Worksheet 4.5 Agency Capability Assessment	Program Planner Previous Proposals
10	2	Summary or Abstract	All previous sections	Grantwriter
11	1	Cover Letter & Title	All previous sections	Executive Director
12	12	Appendices		Administration



8.6 Proposal Content: Section-by-Section

This section is intended to be a consult-as-you-go guide to writing a proposal in a logical order. It is designed to complement the US Conference of Mayor's technical assistance report "Proposal Writing for HIV/AIDS Prevention Grants" and the Mim Carlson's "Winning Grants; Step by Step," published by the Support Centers of America. Provided here is a comprehensive step-by-step guide to writing an HIV/AIDS prevention proposal for a governmental funding source. This section is designed to complement the USCM and Support Center materials by giving you *worksheets* to help you gather the right information from the right *source*; a rhetorical *purpose* to help focus each section; *content* guidelines to help you decide what should go where; *logical links* to show you how proposal sections relate to each other; forewarning against common *pitfalls*; and a *checklist* for you to use before moving on to the next section.

1) Goals & Objectives

Your Purpose. To state the purpose of your proposed program (goal statement) and in precise, measurable terms, what you will do in your proposed program (process objectives) and by so doing, what changes in the target population will result (outcome objectives). In essence, it is a concrete, no-nonsense statement of the product you wish the funder to purchase by funding your proposal.

Content. A *goal* is a general statement of what the project hopes to accomplish or to contribute towards accomplishing, over time. It seldom has a date-specific deadline attached. The goal statement of the project should reflect the long-term desired impact of the project on individuals, the community as a whole, or other target groups and reflect the program goals of the funder, as contained in the RFP - e.g., to help uninfected individuals initiate and/or sus-

tain behavior that will reduce the risk of becoming infected, and/or assist infected individuals in adopting behaviors that will avoid transmitting HIV to others.

An *objective* is a specific statement describing what you expect the project to accomplish within a given funding period, toward the realization of the goals of the project. Developing specific time-phased and measurable objectives is important to addressing the service gaps/barriers identified in the needs-assessment section of your proposal. A common mistake in proposal writing is to confuse the activities or methods to be employed in carrying out the project - the process objectives - with the changes or benefits that that are its result - the outcome objectives. A process objective describes the types of interventions and the level of effort required to produce a desired result. Outcome objectives, on the other hand, define what is that desired result.

A *process objective* defines an activity and/or method essential for achieving a given outcome objective. You should define a process objective for each major behavior-change intervention in the program. Together, the process objectives will serve as the basis for formulating the project's work plan; furthermore, they assist in monitoring progress during each stage of the project. In each process objective, state what intervention will be done, at what level, with whom, by whom, where, when, and how the project will document the accomplishment of the intervention.

An *outcome objective* is a statement which defines a measurable change in the target population resulting from a program intervention. In the HIV prevention field, outcome objectives are important because they help measure the effect that a particular intervention has on the knowledge and behavior of a given population over time. When drafting outcome objectives, specify one major result per objective. State who will be impacted by what activity,

For this section you will need to obtain from your *Program Planner*:

Worksheets	5.1: Goal Statement
	6.1(a,b,c): Intervention, Process and Outcome Objectives

Objectives and RFP Guidelines

The guidelines for writing objectives may vary according to the source of funding. It is strongly suggested that you consult the funding source prior to submitting your proposal, if you are unclear about the requirements in this critical area.

For this section you will need to obtain from your Program Planner:

Worksheets 4.1: Needs Assessment
4.2: Environmental Assessment
4.3: Political Assessment
4.4: Community Resource Inventory

how they will change as a result of the activity, and how the project will measure this change.

Logical Links. The objectives defined in this section will form the logical core for the rest of your proposal. The *program plan* and *evaluation plan* are built around the objectives - specifically, the steps taken to accomplish each objective will become the program plan, and the methods used to determine success, your evaluation plan. As the encapsulation of what the project hopes to accomplish, the objectives should directly address the educational needs and service gaps identified in the *needs assessment*, and should be attainable given the financial resources described in the *budget*.

Pitfalls. Writing objectives is not difficult, once you get the hang of it. Be careful of objectives that are vague and unclear, unrealistic given available resources, or difficult /impossible to measure. Be careful not to confuse activities with objectives - "recruiting workshop participants" is an activity which contributes to the accomplishment of an objective "to conduct a certain number of a certain type of workshop..." Finally, avoid trying to state too much in an objective; one behavior-change intervention per process objective, one behavior-change result per outcome objective.

Checklist

Does the goal statement:

- ☐ directly relate to HIV prevention?
- ☐ reflect the funder's program goals and priorities?

Are the objectives:

- ☐ specific and measurable? (are they quantifiable? can success be measured?)
- ☐ appropriate & realistic? (do they address an identified need? can they be accomplished?)
- ☐ time-phased (do they specify a target

date for the accomplishment of the objective)?

If a process objective, does it state:

- ☐ by when (target date), who (staff, volunteer, consultant) will be doing how many (number of times) of what (intervention, of what duration) with how many (number of clients) of whom (target population), where (location), as documented by what means (evaluation method or instrument)?

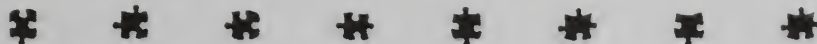
If an outcome objective, does it state:

- ☐ by when (target date), how many (what percent or what number) of whom (target population) who participate in what (intervention, of what duration) will exhibit how much (what percent or what amount) of what change (in behavior, intent, belief, attitude, knowledge level), as measured by what means (evaluation method or instrument)?

2) Needs Assessment

Your Purpose. To define the needs of the target community and show how the project, by addressing these needs, contributes towards a solution to the problem (described in the *Target Population and Problem*). It is also your opportunity to demonstrate the organization's in-depth knowledge of the community by describing, authoritatively, the unique characteristics which define a population's educational needs and barriers. Finally, by defining the specific needs the program will address, you establish the context and rationale for the *Goals and Objectives* and for the *Program Plan*.

Content. A needs assessment is a systematic appraisal of the available services and/or gaps in services within a defined community at a specific point in time. Needs assessments can be broad (looking at all HIV-related services for



all members of a community) or narrow in their scope (looking at members of a specific target population and their complete HIV/AIDS related needs). In this section of your proposal, you should identify the existing gaps in HIV/AIDS related services for the target audience and justify the course of action and methods the project proposes to implement. Based on this information, there are some basic questions that should be answered when describing these needs/gaps:

- 1) *Educational Needs.* Based on the behavioral risks and co-factors found in the target population (and identified in your Formative Research), what are the educational needs of the target population - i.e. what do they need to change their behaviors to reduce their risk of contracting or transmitting HIV?
- 2) *Existing Services.* What services (primary and/or secondary prevention) are presently provided for this target population, and are these services accessible (by location, language and culture) to the target population? Include activities conducted and/or funded by the local health department, activities conducted by other CBOs and any related services you currently provide.
- 3) *Gaps in Services.* What are the gaps in these services; that is, what educational needs are not currently being met by existing services? Where do these gaps exist and why do they exist? (i.e., specific geographic areas/neighborhoods, cultural-linguistic gaps, gaps in the spectrum of services?)
- 4) *Barriers to Access.* What barriers must the program overcome to successfully deliver its services to the target population (i.e. literacy level, language, cultural background, religious beliefs,

stigmatization, lack of trust, confidentiality, etc.)?

- 5) *Proposed Program.* How will the project meet the educational needs of the target population? How will it enhance/expand and coordinate/integrate with existing services? How will it fill or partially fill the gap in services? What approaches will the project take to overcome client barriers to accessing services?

Logical Links. The needs assessment translates the epidemiological and behavioral problem defined in the preceding *Target Population and Problem* section of your proposal into a clear and compelling statement of need for services. This need, in turn, provides the context and rationale for the *Goals and Objectives* as well as the *Program Plan*. Each objective and program intervention defined in these later sections must address educational need(s), enhance or expand upon existing service(s), fill a portion of the gap in services and overcome the barriers to service access, defined in this section. Filling out a separate "Worksheet 4.1 Needs Assessment" for each objective (with your program planner) will help you clarify these logical relationships.

Pitfalls. Most community members know how to talk about and write about the needs they see in their community. Consequently, needs assessments are often passionate, wide ranging explorations of the multifaceted needs of a community. Your intent, however, should be to craft a focused and reasoned justification for your proposed program. Passion should be tempered by reason; completeness delimited by relevance.

For this section you will need to obtain from your Program Planner:

Worksheets 5.2: Program Mix Compass
5.3: Intervention Sketch
6.1(a,b,c): Intervention, Process and Outcome Objectives
6.1(d): Intervention Activities and Timeline

Checklist

- ☐ Does the needs statement translate the problem - the impact of HIV/AIDS on the target population - into a clearly defined and compelling need for your proposed services?
- ☐ Does the described need have a clear relationship to your organization's mission and goals?
- ☐ Given the organization's size and resources, does the proposed program meet the need in a meaningful way?
- ☐ Does the needs assessment specify what portion of the defined gap in services the project will fill? Does it adequately specify what approaches the project will take to overcome any barriers to access?
- ☐ Do you demonstrate the organization's expert knowledge and familiarity with the target population through your description of their educational needs and barriers?

3) Program Plan & Methods

Your Purpose. To clearly describe how the project will work and explain why the behavior change interventions you describe will have the effect on the target audience you expect. The Program Plan will probably be the longest section of the proposal because here you must describe in detail the major activities and methods the project will employ in order to meet the objectives. Your Purpose is to provide clarity and justification. Your description of the program's methods or interventions should be understandable and should be accompanied by an explanation of the theory or rationale for why these methods should change client behaviors or attitudes as predicted in the outcome objectives. What behavior-change interventions will the project conduct? What is their content? Their format? How will these meet client needs, change client behaviors, overcome client barriers? What program activities

will the project conduct to implement each intervention? What are the milestones and when will they be accomplished? How will the project ensure the quality of its work? By answering these questions clearly and convincingly, you leave your reader with the impression that if funded, the organization can and will deliver the proposed program successfully.

Content. The content of the program plan can be divided into two parts: a) the implementation of objective-based interventions and b) overall program methodologies and implementation issues.

Interventions. A program intervention is a major service component (e.g., HIV/AIDS prevention counseling, support groups, safer sex parties, bleach distribution, street outreach) designed to promote a targeted behavior change. Each intervention should have a corresponding process and outcome objective defined for it. Your description of each intervention should include:

- 1) *Content* to be delivered (e.g. viral based transmission model, condom skills, sexual negotiation, testing and early treatment options);
- 2) *Health Education and Risk Reduction Technique or Format* to be used (e.g. 2-hour multiple session workshops, brief 15-minute one-on-one contacts);
- 3) *Theory or Model* that explains why the intervention should have the desired impact; why completion of the process should achieve the desired outcome (e.g. Health Belief Model, Social Support and Networking Theory, Stages of Change Theory, Social Marketing Theory, Empowerment Education Theory, etc.)
- 4) *Who* will conduct the intervention (e.g. workshop coordinator, peer educators, curriculum consultant, trained volunteers)



- 5) *Duration and Frequency* (or level of service) to be provided (e.g., two training sessions per week three hours each, four hours of outreach three nights per week);
- 6) *Times and Locations* when and where the interventions will be conducted (e.g. workshops will be conducted evenings in the homes of peer educators);
- 7) *Client Participation* on average (e.g. the average number of workshop participants, the number of street outreach contacts made per evening.)
- 8) *Linkage and Referral* of intervention clients to and from services or interventions both in-house and at other agencies (e.g. linkages to anonymous test sites, referrals from street outreach).
- 9) *Recruitment* of clients. How programs will be publicized and promoted (e.g. handbills, advertising), how participants will be reached or recruited (e.g., street outreach, referrals) and where participants will be targeted (e.g. bars, testing clinics).
- 10) *Activities* or subtasks that constitute the work plan for how to implement the intervention (e.g. curriculum design, peer facilitator recruitment and training, participant recruitment, conducting the workshops, referral and linkage, three month follow up).
- 11) *Timeline*, flow chart (sometimes called a Gantt chart) describing the sequence in which these activities will be carried out, who is responsible for each activity, major milestones and their time phasing.

Other methodological and implementation issues which pertain to the program overall include:

Competence in its many forms, is an essential part of effective programming and many funders will require a description of how the organization will insure the competence of their services. You should be able to describe for the program or organization overall, why services are the following: 1) *Culturally Competent*: provided in a style and format respectful of the cultural norms, values, and traditions that are endorsed by community leaders and accepted by the target population; 2) *Identity Sensitive*: sensitive to the sexual, (trans)gender, and other ways in which members of the target population self-identify; 3) *Educationally Appropriate*: addressing the educational needs of the target population; 4) *Linguistically Specific*: presented in the language, dialect and terminology consistent with the target population's traditional language and style of communication; 5) *Developmentally Appropriate*: provided at a level of comprehension consistent with the learning skills of the persons to be served.

Program Procedures or Protocols standardize the way services are conducted (e.g. street safety protocols, prevention case management protocols, volunteer training and management policies, etc.) and are an excellent way to demonstrate programmatic capacity. In particular, the project should document client linkage and referral protocols and how the outcome of referrals are tracked.

Quality Assurance Methods are used to monitor and insure the quality service provided (e.g. staff and volunteer training and supervision, team meetings and case conferences, performance evaluations, client satisfaction surveys, use of program evaluation results, grievance policies and procedures, client focus groups, internal program audits, peer chart reviews, etc.). They are typically designed to assess staff and volunteer performance and/or client satisfaction with services.

Logical Links. The Program Plan revolves around the objectives defined in the *Goals and*

For this section you will need to obtain from your Program Planner:

Worksheet 6.3: Evaluation Plan

Objectives section and responds to the service needs identified in the *Needs Assessment* section of your proposal. It is a workplan which describes the interventions the project will employ to complete each *process objective* and provides an explanation of the theory or rationale for why these interventions should change client behaviors or attitudes as predicted in the *outcome objectives*. Your description of each intervention should clearly respond to one or more of the unmet educational needs identified in the *Needs Assessment* section of the proposal and should address any barriers to accessing services that affect the intervention. Because the *Needs Assessment* justifies the *Program Plan*, just as the *Program Plan* responds to the *Needs Assessment*, these two sections can be written concurrently—one in support of and in response to the other.

Pitfalls. Most grantwriters simply fail to capture how the proposed interventions relate to and respond to the preceding goals and objectives and needs assessment. By adhering in your Program Plan to the parallel structure (based on your objectives) used elsewhere, you can avoid this pitfall. Using “Worksheet 6.1 Interventions and Activities” will help you draw out this logical structure. Another common pitfall is to assume that the reader already knows about the organization’s programs and the language you use to describe them. Instead, avoid jargon and be sure to define all new terms when they first appear; use plain English and assume your reader knows nothing about your agency, your programs or the field of HIV prevention in general.

Checklist

- ☐ Do the interventions discussed in the proposal derive logically from the needs assessment and the goals and objectives?
- ☐ Do your intervention descriptions present the program activities to be undertaken?

- ☐ Have you explained why the project selected specific methods or activities?
- ☐ Have you explained the timing and order of specific activities?
- ☐ Is it clear who will perform specific activities?
- ☐ Given projected resources, are the proposed activities feasible?

4) Evaluation Plan

Your Purpose. To clearly outline what steps the project will take to demonstrate to the funder and to the public the extent to which the stated objectives of the project have been achieved. A good evaluation should also be an integral part of the program’s implementation, so that adjustments can be made as the project proceeds; it is your way to insure that objective and timely feedback is used by the program staff to improve the effectiveness of the project’s interventions. A good evaluation strengthens your proposal by reassuring the funders that the organization is just as interested in measuring and insuring the effectiveness and efficiency of the program as they are.

Content. It is extremely important that the evaluation plan be realistic, feasible, and that it addresses all the objectives set forth in the proposal. To obtain information that can be used for evaluation purposes, the project must routinely gather data on both the quality and quantity of services provided. Also the evaluation plan must include the methods and criteria that will be used to assess project effectiveness, and describe how progress and/or problems during implementation will be monitored. Use the clear and specific (measurable) objectives specified in the workplan to design a sound evaluation plan and to make a convincing case for any positive changes brought about by the project. In deciding how to evaluate each objective, consider the following:

- 1) *Evaluation Questions.* What questions should be answered through the pro-



- ject's evaluation activities? The two basic questions you should always ask are, "were the process objectives of the project completed?" and "were the outcome objectives of the project accomplished (what impact did the project have)?" In the process of answering these questions, other compelling programmatic questions can often be answered with little additional effort (e.g. are the interventions more effective with one subgroup of the target audience than with another?)
- 2) *Data.* What kind of information (data) will need to be collected to answer the evaluation question? Data can be quantitative (can be expressed as a number and manipulated statistically) or qualitative (descriptive information expressed in words and collected through direct contact with clients and service providers).
 - 3) *Data Source.* Where and when will the data be collected? Data can be collected from many sources including the project's own documentation records (e.g. client registration forms, field notes), other service providers or institutions (e.g. HIV testing clinics, STD clinics, schools), and directly from staff, volunteers, and clients. Once the sources for your data are selected, you must determine at what point(s) in the intervention the project will be collected.
 - 4) *Collection Method.* How will the data be collected? Data can be collected through the routine process of documenting program services (e.g., sign in logs, registration forms, activity documentation forms); through designed data collection instruments (e.g., surveys, questionnaires); through interviews, focus groups and direct or field observations; and through the review of documents (e.g., client chart extraction). Be creative.
 - 5) *Baseline Data.* If the evaluation is designed to measure a change, what is the baseline against which you will measure that change? Conducting pre- and post-tests with the same client group or conducting pre-tests with one group and post-tests with another are two simple ways to establish a baseline.
 - 6) *Standard of Success.* Once the data has been collected, how will you know whether that data indicates success or not? What evaluation result would constitute a success? (e.g. "a score of four or higher on a six-point Likert scale will constitute success..."). Once this standard has been established, both the organization and the funder will be able to agree on the interpretation of the evaluation results.
 - 7) *Evaluator.* Who is responsible for conducting or coordinating the evaluation? Evaluation activities typically include developing and refining research questions, developing a data collection plan, designing and pre-testing data collection tools, training staff and volunteers on data collection tools and protocols, gathering the data, checking, entering, storing and securing the data, analyzing the data, and summarizing and reporting the results. Consider hiring an evaluation consultant from a local university to assist you along the way.
 - 8) *Use of the Data.* How will evaluation data be used to direct program design and implementation? At the very least, data should be used by the program director and project staff to assess a program's effectiveness, modify its design and adjust its implementation. The project's successes, failures (challenges), barriers and corrective actions taken should be documented as part of the evaluation process.

For this section you will need to obtain from your Program Planner:

Worksheet 6.4: Staffing and Training Plan

- 9) *Audience for the Results.* How will the results of the evaluation be reported and who will receive the results?

Potential audiences including the program director, program staff and funder, should receive copies of the project evaluation reports. In addition, your local health department, HIV Prevention CPG, your executive director or board of directors, potential funders, or even researchers at a local university may also be recipients.

Logical Links. Like the program plan, the evaluation plan is based on the objectives. It must measure the accomplishment of each process and outcome objective defined in the *Goals and Objectives* section and must be implemented in conjunction with the interventions and activities outlined in your proposal's *Program Plan*.

Pitfalls. Once you learn a little about what is theoretically possible in behavioral research, it's easy to over design an evaluation plan and try to do too much. Most funding sources will not provide enough resources to conduct a scientifically rigorous evaluation using an experimental design.

Checklist

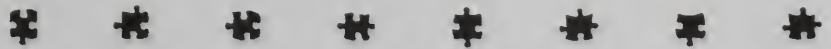
- ☐ Does the evaluation plan focus on assessing the projected results?
- ☐ Does the evaluation assess the efficiency of the program methods?
- ☐ Does the evaluation describe who will be evaluated and or what will be measured?
- ☐ Does the evaluation state what information will be collected in the evaluation process?
- ☐ Does the evaluation state who will be responsible for making the assessments?
- ☐ Does the evaluation plan discuss how the information and conclusions will be used to improve the program?

5) Staffing & Organization Plan

Your Purpose. To outline a clear, detailed plan for managing and staffing the project including community volunteers, paid consultants, stipend-supported peer educators, and staff involved in the project, but paid through other funding sources. The staffing plan should convey; a) that the scope of the project is feasible given the proposed staffing plan; and b) that the organization has on hand or has access to the human resources needed to successfully implement the project.

Content. The staffing plan should consist of a separate, one-paragraph job description for each staff, volunteer or consultant position paid through or contributing to the proposed project. In each job description include the following:

- 1) *Title.* What is the title that will be used to refer to this staff, consultant or volunteer position throughout the proposal? If an abbreviation will be used, define it here.
- 2) *Name.* If the position is already filled or a candidate has already been identified, give that person's name here. Elsewhere, use the position's title when referring to the position.
- 3) *Level of Effort.* Indicate the level of effort the position will be contributing to the project. This is usually expressed as a percentage of a "full-time equivalent" or FTE where 100% or 1.0 FTE is equivalent to one full-time position.
- 4) *Annual Salary.* Indicate the annual, full-time salary for the position. This should be reasonable given the responsibilities and qualifications required for the position.
- 5) *Responsibilities.* Briefly describe what project tasks and evaluation activities



this position will be working on, with whom they will be working and with what agencies they will be collaborating or coordinating. This should reflect the program objectives, program plan, and evaluation plan already described.

- 6) *Qualifications.* List the community (cultural and linguistic) competence, methodological expertise, level and type of education and work experience required or preferred for the position.
- 7) *Training Needs.* Will this person need any additional training? If so, what kind?
- 8) *Reporting Relationships.* Who (what position) does this person report to? Whom do they supervise?

Logical Links. The Staffing & Organization Plan outlines how and by whom the activities defined in the *Goals and Objectives*, *Program Plan* and *Evaluation Plan* sections of the proposal are to be implemented. In addition, the staffing plan provides the detailed narrative justification for any personnel, consultant or volunteer expenses included in the *Budget*. An organizational chart, which diagrams how the proposed project positions fit into the overall agency structure, should be included when appropriate in the *Appendices*.

Pitfalls. Staffing plans are relatively easy to write. It is important, however, to avoid inconsistencies in position titles or job responsibilities between the staffing plan and other sections, such as the program plan or the evaluation plan. Do not forget to include consultant and volunteer positions, staff such as the Program Director and program administrative support that are shared across programs, and staff that will work on the project but will be paid out of other funding sources.

Checklist

- ☐ Is the Staffing Plan realistic given the objectives and program plan? Are the FTEs, and salary ranges reasonable?

- ☐ Does the agency currently have the staff resources to successfully implement the project? If not, will they be able to hire the needed staff?
- ☐ Is the project's organization (i.e., division of responsibilities, lines of supervision) clearly defined? Does it make sense?
- ☐ Are the responsibilities and qualifications (community competence, methodological expertise) of all project positions clearly defined? Do they correspond to the activities outlined in the program and evaluation plans?
- ☐ Are the training needs of staff clearly defined and adequately addressed?
- ☐ Are the roles of consultants and volunteers on the project clearly specified?

6) Plan of Coordination & Collaboration

Your Purpose. To describe how the proposed project will coordinate with existing services and to detail how the relationships with collaborating partner agencies will work. After reading this section, the reviewer should understand how the proposed project fits into a comprehensive spectrum of HIV prevention, testing and treatment services for the target audience. S/he should feel confident that funding the project will result in little or no duplication of efforts and will instead make existing services more effective.

Content. Program developers have their own working definitions of "collaboration" and "coordination" and the two are often used interchangeably. For grantwriters, however, *collaboration* refers to the joint delivery of project services, with a limited number of collaborating partners, that involves a sharing of financial resources, usually through subcontracts.

Coordination, on the other hand, refers to the

For this section you will need to obtain from your Program Planner:

Worksheets 6.2: Collaboration & Coordination Plan
4.5: Agency Capability
Questionnaire(s) from
Collaborating Partners

coordination of project services (through information sharing, client referrals, joint training, joint planning) with a potentially broader number of coordinating agencies, without the sharing of financial resources.

For coordinative relationships, provide a brief description of each partner agency, how the two agencies have worked together in the past, and how proposed activities will be coordinated with the partner agency. For collaborative relationships, a more extensive description should be provided which contains the following:

- 1) *Partner Background.* Give the name of the agency and briefly describe their mission, history and capabilities. Have these organizations collaborated or coordinated services before? How? Specify why the organization chose to work with these particular partners and how they were selected.
- 2) *Scope of Collaboration.* What is the proposed scope of work for the collaboration? What objectives, interventions and program activities will be jointly developed, delivered and evaluated?
- 3) *Time Frame.* Specify the time-frame for the collaboration. Is it ongoing? Or will the relationship have a beginning and an end?
- 4) *Staff & Volunteers.* Who at the partner agency will be involved in providing collaborative services? Which staff, consultants or volunteers at the partner agencies will work together? What will they work on? How will they coordinate their work?
- 5) *Budget.* If the partner agencies are to share financial resources, what will be the subcontract arrangements and amounts? How will the money be spent by the partner agency (between personnel, shared costs, direct program costs, and agency overhead)?

- 6) *Management.* How will the partner agencies manage the relationship? Who, at each agency, will be involved in the management process? How often will they meet? How will the success of the relationship be evaluated?

Governmental funding sources typically require an applicant to provide evidence of its collaborative or coordinative relationships. For coordinative relationships, be prepared to provide signed and current memoranda of understanding or agreement (MOU/MOA), which describe the history, goals, and specific mechanism of coordination between the two agencies.

For collaborative relationships be prepared to provide a draft subcontractual MOU/MOA which includes the following:

- 1) *Scope of Work* exhibit consisting of process and outcome objectives, staffing plan, evaluation plan and collaboration management plan;
- 2) *Budget* exhibit which provides justification for all subcontract expenses by line item; and
- 3) *Subcontract* MOU/MOA signed by the executive directors of the collaborating agencies or a signed *Letter of Intent* to enter into such an MOU/MOA, if funding is awarded.

Finally, aside from describing and providing evidence of any collaborative or coordinative relationships, this section should also describe how applicants will ensure the participation and input of state, regional, and local health officials and HIV Prevention CPGs.

Logical Links. The Plan of Collaboration and Coordination describes how activities described in the *Program Plan* and *Evaluation Plan* sections of the proposal will be coordinated with other service providers or implemented collaboratively (if a collaboration) with part-



ner agencies. These relationships should reflect the list of services and service providers that you identify in the *Needs Assessment* as currently serving your target audience. Evidence of your collaborative and coordinative relationships in the form of signed and current MOU/MOA should be included when appropriate in the *Appendices*.

Pitfalls. Common mistakes include failing to show coordination with the local health department and the CDC's local HIV Prevention CPG, failing to capture the full range of existing collaborative or coordinative relationships, and failing to provide sufficient evidence of collaboration or coordination such as MOU/MOAs or subcontracts.

Checklist

- ☐ Are the proposed services fully integrated into a comprehensive spectrum of HIV prevention, testing and treatment services?
- ☐ Is the program coordinated with other providers (including the local health department) which serve the same target population?
- ☐ Does your proposal include evidence of these collaborative relationships (e.g., subcontracts, MOU/MOAs, letters of support, etc.)?
- ☐ Is there a compelling rationale and clear structure to any proposed collaborative relationships? Is there a mechanism for managing, evaluating and restructuring collaborative relationships?

7) Budget Justification

Your Purpose. To explain to the funder how the amount of funding requested will be spent, by describing and justifying the costs of implementing the proposed project. Sometimes the key component of your proposal is the budget. The budget is the plan for the project expressed in the language of dollars. The best budgets "translate" the program plan of the

proposal into dollars, by showing how much it will cost. For example, the budget translates the staffing plan into salary and benefits.

Remember that the proposal budget is an *estimate*; the budget for an actual award can still change during the negotiation process.

Content. Usually, government funding sources require considerable detail and provide instructions and budget forms that must be used. Foundations and corporations typically require less detail, but they still rely on the budget to help them evaluate the merit of the proposal. If a funder's guidelines specify a format or form for the proposal budget, be sure to follow the guidelines. By talking with the funder, you may be able to gain additional information, such as whether the funder's guidelines exclude equipment purchases (but permit leasing equipment), or allow only a certain percentage of overhead.

To develop the budget component of a proposal, follow these steps:

- 1) **Budget Period.** Determine the length of time the budget covers. This is typically specified in the RFP guidelines. For example, if your proposal is for a six month project, the budget should show income and expenses for a six month period.
- 2) **Define Direct and Indirect.** Based on the funder's definition of direct and indirect costs and what is an allowable indirect rate, decide what shared expenses, if any, will go into your indirect pool, in addition to the project's overhead costs.
- 3) **Program Direct.** Using the worksheets (a) "Personnel Costs," (b) "Intervention Operating Costs," and (c) "Program Capital Costs" for Step 6.5, obtain the direct program costs of conducting the proposed interventions from the Program Planner. Begin by estimating

TERMS: Memoranda of Understanding/Agreement (MOU/MOA)

For a description of what to include in a memorandum of understanding or agreement, please refer to the U.S. Conference of Mayor's technical assistance report, *Proposal Writing for HIV/AIDS Prevention Grants*, page 5, "Suggested Guidelines for Developing a Memorandum of Agreement."

For this section you will need to obtain from your Finance Wiz:

Worksheets	6.5 (a,b,c): Personnel Costs, Intervention Costs, Capital Costs
	7.1: Shared and Overhead Cost Allocations
	7.2: Program Budget

TERMS: Direct & Indirect Costs

In Step 7, the Financial Wiz defined three types of project costs: 1) *Program Costs* (or the unique new costs, such as staff salaries, required by the project); 2) *Shared Costs* (or the part of agency costs, such as rent, that the proposed project shares with other programs) and 3) *Overhead Costs* (or the portion of administrative overhead covered by the project).

Funders use a different but related set of terms to describe costs.

"*Direct*" costs are those costs that can be directly attributed to the operation of the project.

"*Indirect*" costs are those costs that are related to the operation of the agency and only indirectly related to the operation of the project. Indirect costs are usually expressed as a percentage (called the "indirect rate") of the direct costs of a project. For instance, if the direct cost of a project is \$100,000 and the indirect rate is 15%, then the indirect cost of the project is \$15,000.

(continued on next page)

Program Costs are always "Direct." Overhead Costs are always "Indirect." Shared Costs can be either depending upon the definition of "Direct" and "Indirect" used by the funder. If the indirect rate is 15% or less, shared costs are probably "Direct." However, if the *allowable* indirect rate is higher, a portion or all of the shared costs could be "Indirect," depending upon how you define your "Indirect Pool." Some federal contracts carry an indirect rate of 95% and higher. In that case, you can be sure that 100% of the shared costs are considered "Indirect."

TERMS: "Unit of Service" and "Client"

A "Unit of Service" and "Client" are often defined by a governmental funding source to monitor the delivery of services and quantify the amount of service provided. During the proposal process, cost per unit of service and cost per client information is used to compare cost effectiveness between competing projects. After contracts are awarded and service begins, payment is then tied to the number of units of service provided or the number of clients served.

Problem Solving TIP: Budget Narrative and Spreadsheets

Write your budget narrative in a spreadsheet. The text processing capabilities of most spreadsheet software packages (such as Microsoft Excel) have improved dramatically over the past few years. By writing your narrative in a spreadsheet, you can actually enter your budget formulas directly into your document. That way, if a formula or budget figure changes, the change is automatically reflected in the rest of your document. Try that with a word processor.

any unique expenses that are required directly by the project and easily attributable to the project. In your budget narrative, provide a formula and description relating each cost to a specific program activity or objective.

- 4) *Shared Direct.* Using the allocation formulas (e.g. \$250 per month per FTE) and allocation basis (e.g. total FTE for the project) provided by the Financial Wiz in the worksheet for Step 7.1 "Shared and Overhead Cost Allocation," calculate those shared costs that you will count as "direct." In your narrative, provide the allocation formula, the allocation basis and a project-related description for each shared cost.
- 5) *Indirect Expenses.* When calculating the indirect costs of the project, the guidelines of the funder are the most important criteria in choosing your approach. In most cases, you will calculate indirect costs based on the negotiated indirect rate allowed by the funder. Some funders such as government agencies set a maximum allowable percentage for indirect costs. After you have estimated your total direct expenses, you may be able to add a line item such as "indirect costs @ 15% of direct costs." In your narrative, provide a budget which describes the line items included in your indirect cost pool. For example, if you have included telephone charges as part of the agency's overall or indirect costs, you cannot also include telephone charges as a direct expense.
- 6) *Units of Service/Number of Clients.* Some funders will require you to calculate the "units of service" provided and "number of clients" served for each objective. The RFP guidelines should clearly define what a "unit of service" and what a "client" is for the

purposes of the proposal. Usually, all of the information you need to calculate the number of units of service/clients is contained in your process objectives.

- 7) *Costs per Objective.* A proposal that asks you to calculate the units of service and number of clients per objective will usually ask you to calculate the total cost per objective as well. Be prepared to allocate your direct and shared costs by objective and to calculate cost per unit of service and cost per client ratios.
- 8) *Budget Forms and Justification.* Once you have finished your calculations and finalized your budget figures, fill out the budget forms provided in your RFP package and write a "budget narrative" or "justification" according to the RFP guidelines.

Not all proposals require all the above components, and the level of detail will vary from funder to funder and from project to project. After preparing the initial budget, review it to ensure the budget makes sense and corresponds to the methods discussed earlier in your proposal. Make adjustments in income and expense as appropriate. Remember that the budget should not raise any "red flags" to the funder. Look at the budget through the eyes of the individuals who will be reading your proposal. What might not be clear to you? What would raise your eyebrows?

Logical Links. The Budget Justification must reflect the program and evaluation activities described in the *Program Plan* and *Evaluation Plan*, the personnel, consultant and peer educator stipend costs described in the *Staffing & Organization Plan*, and the collaborator subcontract amounts described in the *Plan of Coordination and Collaboration*. In addition, the budget justification must include shared and overhead cost allocations provided by the Financial Wiz.



Pitfalls. Keep in mind that the budget is directly affected by any changes in the core of the proposal as well as its various implementation (staffing, evaluation, coordination & collaboration) plans and it is often overlooked when changes occur. For this reason, you may want to hold off on writing the justification until the core and implementation plans are almost complete.

Checklist.

- ☐ Does the budget reflect your objectives and overall scope of work? Is it realistic? Is it reasonable? Are cost per unit of service or cost per client estimates in line with the funder's guidelines?
- ☐ Are all of the expenses reasonable? Are the justifications and formulas clear? Looking objectively, are there any expenses that might raise some eyebrows?
- ☐ Have you budgeted enough shared costs as direct expenses to fully recover the costs of the project? Are the shared cost formulas in line with those used in other proposals?
- ☐ Have you built into your indirect rate enough overhead costs to cover a sufficient portion of the agency's administrative costs?
- ☐ Does the budget justification send the right message? Does it inspire confidence in the fiscal and administrative capacity of the applicant?

8) Target Population

Your Purpose. To describe the target audience that will benefit from the project and the significant HIV-related public health problem that will be addressed. "Why does this population need this program? Why is it important?" One could argue that funders, above all else, want to fund projects that address only the most important problems. By answering these questions, you explain what problem the program will

address and why the target audience is of interest to the funding source.

Content. For each target audience, summarize the available demographic, surveillance and behavioral data and impact of HIV/AIDS. Be sure to cite the sources of the data and include a list of references in the appendices.

- 1) *Demographics.* Provide a demographic profile of the target audience including ethnicity, age range, self-identity (e.g. sexual orientation, gender identity, community affiliation, etc.), geographic location, socio-economic status, legal status and any other relevant characteristics. Also include an estimate of the size of the target audience including an estimated number of individuals to be reached.
- 2) *Behavioral Risks.* What risk behaviors does the target audience engage in? Unprotected penetrative sex? Sharing of unsterilized needles during injection drug or hormone use? What is the incidence of these behaviors among members of your target audience? Include information that may illustrate that the target audience is engaging in high rates of risky behavior.
- 3) *Co-factors.* What co-factors may be contributing to the behavioral risks of the target audience? These may include biological factors such as STDs; behavioral factors such as multiple partners, substance use, injection drug use; psychological factors such as social isolation, peer norms, depression, low self esteem, low mental functioning, history of sexual abuse or of abusive relationships, and sexual addiction; socioeconomic factors such as poverty and commercial sex work; and lack of access factors such as language barriers and discrimination and mistrust. Include information that illustrates how specific co-factors con-

For this step you will need to obtain from your Program Planner:

- Worksheets 2: Problem Definition
 4.1: Needs Assessment
 4.2: Environmental Assessment

tribute to higher rates of risky behaviors or increased risk of transmission.

- 4) *Surveillance.* What does the HIV/AIDS surveillance data (reported AIDS cases, HIV seroprevalence, AIDS morbidity) gathered on the local, state and national level say about the impact of HIV/AIDS on the target audience? What do surrogate markers such as rates of unwanted pregnancies, STDs and drug use indicate? Include information that may illustrate how the target audience is disproportionately affected by HIV/AIDS.
- 5) *Behavioral Research.* What HIV/AIDS behavioral research has been conducted on your target audience? What does it suggest about the relationship between co-factors and behavioral risks? About HIV/AIDS knowledge, attitudes, behaviors and beliefs? About barriers and facilitators to behavior change? About social and peer norms? About what interventions are effective at changing the risk behavior of the target audience?
- 6) *Epidemiology.* Give a brief history of the spread of HIV disease among the target audience. Where is the epidemic currently? What are the latest observed trends. How does this compare to other minority communities? To non-minority communities?

Linkages. The Target Population section characterizes the HIV problem which underlies the education needs identified in the *Needs Assessment* section to follow. In fact, this section is often called the *Problem Statement* and is included as the first part of the *Needs Assessment*. Sometimes, it is combined with the *Agency Capacity & Experience* section to form the *Introduction*.

Pitfalls. The most common mistake grantwrit-

ers make in this section is to over/under use statistics and research data. Under use statistics and data and your argument is not convincing; it lacks supporting evidence. Overuse them and your argument is not compelling; it lacks color and conviction. Remember, statistical data must be interpreted to be meaningful. Your job is to integrate narrative with statistics to create a compelling and well supported case for why HIV/AIDS is a problem for this target audience and why this problem should be important to the funding source.

Checklist

- ☐ Does your statement include solid evidence supporting your claims about the nature, size, and scope of the problem to be addressed?
- ☐ Does your statement describe a compelling problem that matches the funder's priorities?
- ☐ Does your description of the population support the education needs identified in your Needs Assessment?
- ☐ Does your description highlight the organization's knowledge of the target population and specific behaviors and co-factors which put them at risk?

9) Agency Capacity & Experience

Your Purpose. To demonstrate to the reader why this organization is uniquely qualified to carry out the proposed project and that, if funded, will have the capacity and experience to successfully implement it. One could argue that funders, above all else, like to fund capable and successful agencies; agencies which share their own priorities and which they can trust to implement effective programs.

Content. This section should describe the mission of the organization, past efforts relevant to this proposal, and why this organization is uniquely qualified to carry out the proposed project. To strengthen the impact of this



description, you should describe the organization in a way that will also convey its qualifications to implement the proposed project; offer evidence of past significant activities and accomplishments; mention other grants or awards received; and include as appendices supporting statements from individuals and organizations, as well as any other evidence of competence - favorable news articles, innovative materials produced, such as training curricula, brochures, videos, etc.

Using the worksheets filled out by the Program Planner, be sure to include the following:

- 1) *History & Background.* Provide a brief history of the applicant agency including its name, location, legal status, date of formation or incorporation, mission statement, the populations served and the programs or services offered. If a collaboration, provide a detailed description of the lead agency and summary descriptions of the collaborating partners.
- 2) *Experience with Population.* Describe the organization's experience with the target audience. What programs at the agency currently serve the target audience? How many years has this organization worked with the target audience? What other ties do they have to the target audience (e.g. volunteer, staff or board representation? community advisory board?).
- 3) *Experience with Methodologies/ Interventions.* What experience does this organization have applying the proposed behavior-change interventions and evaluation methods? How many years of experience with each? With related methodologies or interventions?
- 4) *Personnel/Human Resources.* What community competence (cultural and linguistic) or methodological expertise

currently exists on staff, among agency consultants or within the volunteer pool?

- 5) *Accomplishments and Effectiveness.* What are this organization's major accomplishments? What other funding or awards has it received and managed? How have clients, researchers or funding sources rated the quality and effectiveness of the organization's services?

Linkages. Though derived largely from agency background materials, the Agency Capacity and Experience section should be carefully tailored to reflect and support the rest of the proposal. The organization's mission statement should be compatible with the goal of the project as stated in the *Goals and Objectives* section. The organization should exhibit experience with the target audience profiled in the *Target Population* section and with the behavior-change methods and interventions outlined in the *Program Plan*. The organization should already possess or have access to the human resources described in the *Staffing & Organization Plan* and should have the demonstrated capacity to implement the *Evaluation Plan*, manage the *Plan of Collaboration & Coordination*, and fiscally administer the contract and *Budget*.

Pitfalls. Because every proposal requires a statement of Agency Capacity and Experience, most grantwriters will try and save time by cutting and pasting one in from another proposal. Such a quick job, however, is unlikely to convey the applicant's unique qualifications and experience to implement the specific project at hand. Given the pivotal role it plays in making your proposal more attractive to funders, you should spend more, not less time on this section.

Checklist

- ☐ Does the agency introduction give the organization credibility by stating its

For this section you will need to obtain from your Program Planner:

Worksheet 4.5: Agency Capability Assessment

purpose, programs, target population and major accomplishments?

- ☐ Does the agency introduction section suggest sources of community support for the proposed program?
- ☐ Will the agency introduction give readers a sense that the organization is well managed and fiscally secure?
- ☐ Does the agency introduction lead nicely into the statement of need?

10) Summary or Abstract

Your Purpose. To clearly set out the essential points of the proposal, set the tone for what is to follow, and present the project in a manner that will interest potential funders. This is your first chance to catch the attention of a potential funder. Make it brief, make it compelling, and make sure it reflects the goals of the funder.

Content. The abstract or summary should be written after all other parts of the proposal have been completed. In general, abstracts or summaries should include three major sections. They are: 1) description of application; 2) project description; and 3) narrative summary of the project budget. Note, however, that requirements will vary by funding source.

Description of Applicant - The application description should include the name of the agency applying for funding or a list of names if the effort is a collaboration or a consortium; the name of the person to whom correspondence or inquiries relating to the proposal should be addressed; the title of the project being proposed in your application; and a description of the clients/target population to whom your project proposes to provide education and services.

Project Description - The project abstract should briefly describe the lead agency, other agencies which will receive funding from the grant (e.g. through subcontracts), the target

population to be served (including a brief description of the needs addressed in the proposal), the goals and objectives of the project and project activities.

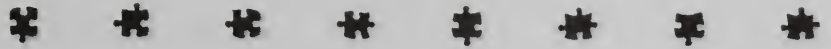
Project Budget and Narrative - In this section, you should state the total amount of money requested. Discuss each line item covering the amount of funds being requested for staff (including salary and fringe benefits); the number of full time equivalents (FTEs) the funding would support; the total amount of money being requested for non-personnel and direct costs; and the total amount of money being requested for indirect costs (i.e. overhead, general/administrative). Also include a statement estimating the total in-kind contributions or services for the proposed project, if applicable.

Linkages. Your summary should capture the essential points from each of the proposal sections to follow. As such, it is written after the rest of the proposal has been completed. In order to set the tone for what is to follow, the language, names, terms and concepts in your *Summary* should reflect those used later in the body of your proposal.

Pitfalls. Because the summary is an overview of the essential points of the proposal, many writers will cut and paste the highlights of their proposal into the summary as a starting point. Many beginning grantwriters will be satisfied with just editing this version slightly. An experienced grantwriter, however, knows that a well written summary is the most rhetorically compelling section of a proposal and the one read the most times by the most number of people. Its importance in capturing the imagination of the funder warrants that you spend as much time tightening it and refining it as you can spare.

Checklist

- ☐ Does your summary clearly identify the applicant(s)?
- ☐ Does your summary include information regarding the specific need to be



addressed and the specific objectives to be achieved?

- ☐ Does the summary mention the total program/project cost and the amount of funding that is being requested?
- ☐ Does your summary capture the essential flavor and intent of your proposal? Does it reflect the interests and priorities of the funder?
- ☐ Is your summary brief? Does it make you want to read further? After having read the entire proposal, does it prompt you to remember the program's key points?

11) Cover Letter

Your Purpose. Your cover letter will be the first piece of information about your proposal the funder will read; it may well be the funder's first impression of the organization. You want to appear focused and direct in your intent to secure funding for the project, clear on what you are requesting and well supported by the board of directors (and constituency) in your request.

Content. The cover letter should briefly describe your proposal. It should include a one sentence description of the program including its purpose, target audience, amount of funding, and time frame, phone number and address for return correspondence. It should be addressed to a specific individual at the funding source and should be signed by the Chair of the Board of Directors or the highest managing official within the organization (usually the Executive Director).

It is desirable to designate a title for the project that conveys the central theme of the project and which may be used to market it. The titles should be as short as possible. If you feel the title is somewhat lengthy, but conveys the central theme of the project, use its acronym. Your use of this title throughout the proposal can be an effective strategy in conveying a sense of

permanence to the reader.

Linkages. Because your cover letter introduces your proposal, it is written after all other sections are complete. Like your *Summary*, language, names, terms and concepts in your letter should reflect those used later in the body of the proposal.

Pitfalls. Common pitfalls include omitting a cover letter, addressing the cover letter to the incorrect person, failing to get the executive director or board president to sign the letter, and providing incomplete information.

Checklist

- ☐ Does your cover letter clearly identify the applicant(s)?
- ☐ Does it state the support of the board of directors for the proposal?
- ☐ Does it clearly define the specific financial request being made?
- ☐ Does it indicate a contact person who can answer questions about the proposal?
- ☐ Is it addressed to the appropriate contact person indicated in the RFP materials? Is it signed by the executive director or by the president of the board of directors?

12) Appendices

In addition to having the proposal's written narrative, most government and foundation funders give a list of what they wish (require) to receive in the appendices. By maintaining and updating the organization's centralized files, you should be able to produce any of the following on short notice:

Checklist

- ☐ Board of Directors Roster
- ☐ Organizational Chart
- ☐ Proof of Nonprofit Status

- ☐ Agency Budget
- ☐ Schedule of Existing Funding Sources
- ☐ Audited Financial Statements
- ☐ Federal 990 or State Tax Returns
- ☐ Agency or Program Materials
- ☐ Latest Annual Report
- ☐ Organization's Strategic Plan
- ☐ Program Policies & Procedures
- ☐ Memoranda of Understanding/Agreement (MOU/MOA)
- ☐ Letters of Support
- ☐ Subcontracts
- ☐ Resumes
- ☐ List of References

8.7 Reviewing, Rating and Revising

As you write your proposal, it is critical to keep in mind your funder's priorities and scoring criteria. When applying to a governmental funding source, a proposal rating scale will often be included in your "request for proposal" (or "RFP") packet. Using this scale, you can rate your proposal as you write it. After you've completed your next to final draft, you should have objective reviewers (including those having no knowledge of the target audience or of HIV/AIDS services) read and rate your proposal according to these same scoring criteria. Give yourself time to incorporate this feedback into your final draft. Knowing in advance how your proposal will be reviewed, you should build in the highest score possible.

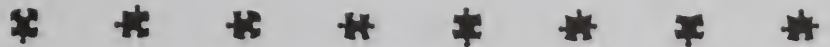


Table 8.3: Sample Scoring Sheet

No.	Section / Rating Criteria	Points	Score
1	Cover Letter	0	<input type="checkbox"/> check if okay
2	Summary or Abstract	5	<input type="text"/>
	<input type="checkbox"/> Does the summary clearly identify the applicant(s)?		
	<input type="checkbox"/> Does it include information regarding the specific need to be addressed and the specific objectives to be achieved?		
	<input type="checkbox"/> Does it mention the total project cost and the amount of funding that is being requested?		
	<input type="checkbox"/> Does it reflect the priorities of the RFP? Of you the funder?		
3	Applicant Capability	30	<input type="text"/>
	<input type="checkbox"/> Does the Applicant credibly state its purpose, programs, target population and major accomplishments?		
	<input type="checkbox"/> Does there appear to be credible community support for the proposed program?		
	<input type="checkbox"/> Does the Applicant appear well managed and fiscally secure?		
4	Target Population & Problem	15	<input type="text"/>
	<input type="checkbox"/> Does the Applicant provide solid evidence supporting its claims about the nature, size, and scope of the problem to be addressed?		
	<input type="checkbox"/> Does the Applicant describe a compelling problem that matches the priorities of the RFP?		
	<input type="checkbox"/> How well does the Applicant appear to know the target population and specific behaviors and co-factors which put them at risk?		
5	Needs Assessment	30	<input type="text"/>
	<input type="checkbox"/> Is the described need supported by the target population profile and problem statement?		
	<input type="checkbox"/> Does the described need have a clear relationship to the Applicant's mission and goals?		
	<input type="checkbox"/> Does the proposed project meet the described need in a meaningful way?		
	<input type="checkbox"/> Does the needs assessment specify what portion of the defined gap in services the project will fill?		
	Does it adequately specify what approaches the Applicant will take to overcome any barriers to access?		
6	Goals & Objectives	10	<input type="text"/>
	<i>Does the goal statement:</i>		
	<input type="checkbox"/> directly relate to HIV prevention?		
	<input type="checkbox"/> reflect the funder's program goals and priorities?		
	<i>Are the objectives:</i>		
	<input type="checkbox"/> specific and measurable? (Can it be quantified? Can it be measured?)		
	<input type="checkbox"/> appropriate & realistic? (Does it address an identified need? Can it be accomplished?)		
	<input type="checkbox"/> time-phased (Does it specify a target date for accomplishment ?)		
7	Program Plan	40	<input type="text"/>
	<input type="checkbox"/> Do the interventions discussed in the proposal derive logically from the needs assessment?		
	<input type="checkbox"/> Is it clear which intervention is associated with which process and outcome objectives?		
	<input type="checkbox"/> Is it clear how the proposed interventions will change audience behaviors or address one or more of their educational needs?		
	<input type="checkbox"/> Is it clear who will perform specific activities and when they will be performed?		
	<input type="checkbox"/> Given projected resources, are the proposed activities feasible?		

8	Staffing & Organization Plan	10	<input type="text"/>
	<input type="checkbox"/> Is the Staffing Plan realistic given the objectives and program plan? Are the FTEs, and salary ranges reasonable? <input type="checkbox"/> Does the Applicant currently have the staff resources to successfully implement the project? If not, will they be able to hire the needed staff? <input type="checkbox"/> Are the division of responsibilities and lines of supervision clearly defined? <input type="checkbox"/> Are the responsibilities and qualifications of all project positions clearly defined? Do they correspond to the activities outlined in the program and evaluation plans? <input type="checkbox"/> Are the training needs of staff clearly defined and adequately addressed? <input type="checkbox"/> Are the roles of consultants and volunteers on the project clearly specified?		
9	Plan of Collaboration & Coordination	20	<input type="text"/>
	<input type="checkbox"/> Are the proposed services fully integrated into a comprehensive spectrum of HIV prevention, testing and treatment services? <input type="checkbox"/> Is the project coordinated with the other providers which serve the same target population (including the local health department)? <input type="checkbox"/> Is there a compelling rationale for proposed collaborative relationships? Is there a clearly defined scope of work and budget? Is there a mechanism for managing, evaluating and restructuring collaborative relationships? <input type="checkbox"/> Does the proposal include evidence of these collaborative relationships (e.g., subcontracts, MOU/MOAs, letter of support, etc.)?		
10	Evaluation	20	<input type="text"/>
	<input type="checkbox"/> Does the evaluation plan clearly describe how the accomplishment of each process and outcome objective will be measured? <input type="checkbox"/> Does the evaluation section state what information will be collected in the evaluation process and how it will be collected? <input type="checkbox"/> Does the evaluation plan state who will be responsible for collecting the data and who will interpret it? <input type="checkbox"/> Does the evaluation plan discuss how the information and conclusions will be used to improve the program?		
11	Budget Justification	20	<input type="text"/>
	<input type="checkbox"/> Does the budget reflect the objectives and overall scope of work? Is it realistic? Is it reasonable? Are cost per unit of service or cost per client estimates in line with the RFP guidelines? <input type="checkbox"/> Do expenses seem reasonable? Are the justifications and formulas clear? <input type="checkbox"/> Do the budgeted shared and overhead costs seem reasonable? <input type="checkbox"/> What does the budget say about the fiscal and administrative capacity of the Applicant?		
12	Appendices	0	<input type="checkbox"/> check if okay
	TOTAL	200	<input type="text"/>



AFTERWORD

Implementing the Program and Evaluation

So, you've just completed all 8 steps of a program plan. If everything goes well, you may soon find yourself facing the happy prospect of implementing your program. What now? You follow your program plan and hope that you will reach your goal. But there will be new concerns along the way.

The many issues specific to program implementation, administration, and contracts management could fill their own manual. For instance, when running a program, you have to think about hiring and training new staff, delivering your program, and conducting and interpreting evaluations. The Program Administrator will have to think about human resources, personnel policies and protocols, volunteer management, quality assurance issues, monitoring staff and volunteer performance, keeping client satisfaction high. Finally,

the Contracts Manager will have to negotiate a contract that everyone can live with, track contract deliverables, invoice for expenses, monitor the budget, write monitoring reports, set up and audit your documentation systems, and help prepare for reporting and site visits.

Of course, having done such careful planning, you are well on your way to a successful program. Even without a manual on implementation, you now have all the tools to ensure that your program is on track and meeting the needs of your clients. You can continue to do continual reevaluations, make any necessary adjustments, and find the necessary resources. Program planning, more than anything, is preparation for implementing a program, not for writing a grant application.

All of this is a cycle, and your wheels are definitely rolling. Happy programming!

—The Authors

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Finance Manual (1992). J. Kaye, J. Masaoka. National Minority AIDS Council.

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National Minority AIDS Council Technical Assistance Newsletter, "The Basics of Social Marketing," D. Barre, May/June 1995.

The Prevention Marketing Initiative: Applying Prevention Marketing (1996). L. Ogden and M. Shepherd, Centers for Disease Control and Prevention, with W. Smith, Academy for Educational Development, and with Porter/Novelli. For copies call CDC's National AIDS Clearinghouse: (800) 458-5231.

Prevention Marketing Workshop Curricula (1996). Sponsored by Centers for Disease Control and Prevention and Academy for Educational Development.

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Strategic Planning for Nonprofit Organizations (1997), "A Practical Guide & Workbook," Michael Allison & Jude Kaye, Wiley Nonprofit Series.

Strategic Planning for AIDS Service Organizations (1994), "A Practical Guide & Workbook," Jude Kay and Mike Allison, The National Minority AIDS Council and the Support Centers of America.

Winning Grants Step by Step (1995), "Support Center of America's Complete Workbook for Planning, Developing and Writing Successful Proposals," Mim Carlson, Support Centers of America.

RESOURCES:

Academy for Educational Development
1255 23rd Street, N.W. Fourth Floor
Washington, DC 20037
(202) 884-8000
adminde@aed.org
<http://www.aed.org>

Centers for Disease Control and Prevention
Corporate Square Blvd.
Building 12, Mailstop E-58
Atlanta, GA 30329
(404) 639-8931
<http://www.cdc.gov>

CDC National AIDS Clearinghouse
(800) 458-5231

Media Alliance
814 Mission Street, Suite 205
San Francisco, CA 94103
(415) 546-6334
ma@igc.org
<http://www.media-alliance.org>

National Minority AIDS Council
1931 13th Street, NW
Washington, DC 20009-4432
(202) 483-NMAC (6622)
bholmes@nmac.org

National Technical Assistance and Research Program
Asian & Pacific Islander Wellness Center
730 Polk Street, Fourth Street
San Francisco, CA 94103
(415) 292-3400
national@apiwellness.org
<http://www.apiwellness.org>

Support Center for Nonprofit Management
706 Mission Street, Fifth Floor
San Francisco, CA 94103-3113
(415) 541-9000
supportcenter@supportcenter.org
<http://www.supportcenter.org/sf/>

United States Conference of Mayors
1620 Eye Street, NW
Washington, DC 20006
(202) 293-7330
<http://www.btg.com/USCM>

CONTACT INFORMATION FOR THE REAL WORLD EXAMPLES:

Asian Pacific AIDS Intervention Team (APAIT)

605 W. Olympic Blvd., Ste 610
Los Angeles, CA 90015
(213) 553-1834
Contact: Karen Kimura

Women Organized to Respond to Life Threatening Disease (WORLD)

3948 Webster Street
Oakland, CA 94609
(510) 658-6930
Contact: Rebecca Denison

Human Beings Care

794 W. Forest Avenue
Jackson, TN 38301
(901) 661-0092
Contact: Patrick Maness

Us Helping Us

811 L Street SW
Washington, DC
(202) 842-1337
Contact: Ron Simmons

African Services

28 East 35th Street
New York, NY 10016
Contact: Kim Nichols

Project VIDA

2659 South Kedvall
Chicago, IL 60623
(773) 522-4570
Contact: Luule Vess

Haitian Women's Project

464-466 Bergen Street
Brooklyn, NY 11217
(718) 399-0200
Contact: Gabrielle Kersaint

Life Foundation

233 Keawe Street, Ste. 226
Honolulu, HI 96813
(808) 521-2437
Contact: April Weiss

Step One

c/o STAR Outreach
6665 West 4th Street
Winston Salem, NC 27101
(910) 725-8389
Contact: Thomas Clarke

OTHER RESOURCES ONLINE:

Critical Path AIDS Project AIDS Research and Information Center

<http://www.critpath.org/ARIC>

Directory of AIDS sites

<http://www.teleport.com/~celinec/aids.html>

Project Inform

<http://www.projinf.org>

University of San Francisco Center for AIDS Prevention

<http://www.caps.ucsf.edu>

Yahoo AIDS site index

http://www.yahoo.com/Health/Diseases_and_Conditions/AIDS_HIV

Notes:



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